




Harvard University  
Library of  
The Medical School  
and  
The School of Public Health



The Gift of  
CHESTER NORTH FRAZIER  
Edward Wigglesworth Professor of  
Dermatology  
HARVARD SCHOOL OF MEDICINE

25  
A  
115

LIBRARY  
OF  
CHESTER N. FRAZIER



Digitized by the Internet Archive  
in 2010 with funding from  
Open Knowledge Commons and Harvard Medical School

<http://www.archive.org/details/smelliestreatise03smel>



THE NEW SYDENHAM  
SOCIETY.

---

INSTITUTED MDCCCLVIII.

---

VOLUME LXXIX.



# SMELLIE'S TREATISE

ON THE

THEORY AND PRACTICE

OF

# M I D W I F E R Y.

EDITED, WITH ANNOTATIONS,

BY

ALFRED H. McCLINTOCK,

M.D. (GLASG.), LL.D. (EDIN.), M.A.O. (DUB., *honoris causâ*); F.R.C.S.I., L.K.Q.C.P.,  
EX-MASTER OF THE DUBLIN LYING-IN HOSPITAL; HON. FELLOW OF THE AMERICAN  
GYNÆCOLOGICAL SOCIETY, AND OF THE OBSTETRICAL SOCIETIES OF LONDON  
AND EDINBURGH, ETC. ETC. ETC.

VOL. III.

(WITH INDEX.)

THE NEW SYDENHAM SOCIETY,  
LONDON.

---

MDCCCLXXVIII.

LONDON :  
PRINTED BY J. E. ADLARD, BARTHOLOMEW CLOSE.



## CONTENTS OF VOL. III.

---

### COLLECTION XXXII.

	PAGE
OF PRETERNATURAL LABOURS, IN WHICH THE LEGS OR BREECH PRESENTED IN PLACE OF THE HEAD	5

### COLLECTION XXXIII.

OF PRETERNATURAL CASES; THE MEMBRANES NOT BROKEN, OR THE WATERS NOT ALL DISCHARGED; ALSO CASES OF FLOODINGS AND CONVULSIONS, IN WHICH IT WAS ABSOLUTELY NECESSARY TO DELIVER.	
NUMB. 1.—Women in Labour, and the Children in a Wrong Position	33
„ 2.—Children delivered in the four last Months of Pregnancy, from violent Floodings . . . . .	42
„ 3.—Women attacked with Convulsions; the Children delivered in the Preternatural Way. (See also Cases 165, 166, 167, 233, 234, and 264) . . . . .	74

### COLLECTION XXXIV.

OF PRETERNATURAL DELIVERIES, IN WHICH THE MEMBRANES WERE BROKEN, THE WATERS EVACUATED, AND THE UTERUS WAS CLOSELY CONTRACTED TO THE BODY OF THE FÆTUS.	
NUMB. 1.—The Body of the Fœtus compressed in a round form . .	80
„ 2.—The Children lying with the superior parts to the Os Uteri, the Feet and Breech to the Fundus, the Waters evacuated, and the Uterus contracted in form of a longish sheath . . . . .	102

## COLLECTION XXXV.

	PAGE
PRETERNATURAL CASES, WHEREIN THE WOMEN WERE DELIVERED BY THE ASSISTANCE OF THE CROTCHET . . . . .	135

## COLLECTION XXXVI.

CASES IN WHICH THE HEAD WAS LEFT EITHER IN THE VAGINA OR UTERUS, THE BODY BEING DELIVERED AND SEPARATED FROM THE SAME . . . . .	192
---	-----

## COLLECTION XXXVII.

CASES OF TWO OR MORE CHILDREN DELIVERED AT ONE BIRTH . . . . .	202
---	-----

## COLLECTION XXXVIII.

OF MONSTROUS BIRTHS . . . . .	214
-------------------------------	-----

## COLLECTION XXXIX.

THE CÆSARIAN SECTION PERFORMED ON THE DEAD, AS WELL AS THE LIVING SUBJECT . . . . .	220
--	-----

## COLLECTION XL.

## OF LACERATIONS AND INFLAMMATIONS.

NUMB. 1.—Laceration of Perineum and Uterus . . . . .	236
„ 2.—Puerperal Inflammations . . . . .	243

## COLLECTION XLI.

COMPLICATIONS OF CHILDBED FROM ABUSE OF THE  
NON-NATURALS.

NUMB. 1.—Ill effects of premature exertion, of cold and hot air . . . . .	252
„ 2.—Errors with respect to Eating and Drinking . . . . .	255
„ 3.—Relating to Sleep and Watching . . . . .	257
„ 4.—Relating to Motion and Rest . . . . .	259
„ 5.—Obstruction of Urine . . . . .	261
„ 6.—Costiveness . . . . .	264
„ 7.—Passions of the Mind . . . . .	266

## COLLECTION XLII.

## CASES OF FLOODING AND AFTER-PAINS.

PAGE

NUMB. 1.—Floodings during and after Labour . . .	270
„ 2.—Relative to After-Pains . . .	273

## COLLECTION XLIII.

## OBSTRUCTIONS OF THE LOCHIA AND OF THE MILK.

NUMB. 1.—Obstructions of the Lochia . . .	276
„ 2.—Complaints from the Milk . . .	282

## COLLECTION XLIV.

OF PROLAPSUS VAGINÆ, PROLAPSUS AND INVERSIO UTERI, AND OF PROCIDENTIA RECTI . . .	285
--	-----

## COLLECTION XLV.

SCALP TUMOURS, IMPOSTHUMES, DISLOCATIONS AND  
FRACTURES, OF NEW-BORN CHILDREN.

NUMB. 1.—Scalp Tumours . . .	293
„ 2.—Dislocations and Club Feet . . .	295
„ 3.—Fractures . . .	296
„ 4.—First Dressings of Child . . .	298

## COLLECTION XLVI.

CASES OF IMPERFORATED ANUS; IMPERFORATE  
URETHRA, AND SHORTNESS OF FRÆNUM LINGUÆ.

NUMB. 1.—Of Imperforate Anus and Urethra . . .	301
„ 2.—Of Children Tongue-tied . . .	304

## COLLECTION XLVII.

CASES OF MOULD-SHOT HEADS, CONVULSIONS, AND  
ERUPTIONS IN YOUNG INFANTS.

NUMB. 1.—Mould-shot Heads . . .	307
„ 2.—Eruptions . . .	309

## COLLECTION XLVIII.

PAGE

CASES OF PURGING, COMMONLY CALLED GREEN STOOLS,  
ALSO OF THRUSH.

NUMB. 1.—Green Stools in Infants . . . . .	312
„ Aphthæ . . . . .	314

## COLLECTION XLIX.

## RELATING TO MALE AND FEMALE PRACTITIONERS.

NUMB. 1.—With respect to Men Practitioners . . . . .	317
NUMB. 2.—Relating to Midwives . . . . .	323

---



## ADVERTISEMENT.

---

It may be necessary to inform the public that this volume of 'Preternatural Cases in Midwifery' completes the plan of Dr. Smellie's work, and fulfils the promise which he made in the preface prefixed to the preceding volume. He there observes : "The other part (meaning that which is now presented) was almost completed ; and though he should not live to see it in print, would certainly appear to fulfil his scheme and promise to the public." This hint was more prophetic than his friends could have wished. Some years ago he retired from business in London to his native country, where he employed his leisure hours in methodising and revising his papers, and in finishing his Collection of Cases for this publication. The manuscript was transmitted to the person who prepared the two former volumes for the press, and even delivered to the printer, when the Doctor died advanced in years at his own house near Lanark, in North Britain.

The judicious reader, in comparing this with the former part, would plainly perceive it is genuine, even if there was no other proof of its authenticity. He would recognise in it the prosecution of the original design, the same honest plainness, candour, perspicuity, and precision, which distinguished the two former volumes. He will see how unjustly a set of obscure and envious practitioners have charged our author with a dangerous predilection for the use of instruments in the practice of midwifery ; a charge which it is amazing that any person should have the

effrontery to advance inasmuch as the whole work is interspersed with repeated cautions against all such extraneous aids ; and it appears in this last volume that he never had recourse to them without reluctance, even in cases of the most urgent necessity, after every other method had been tried ineffectually.

This, with the two former volumes, we may venture to call a ‘Complete System of Midwifery.’ It is the fruit of forty years’ experience, enriched with an incredible variety of practice, and contains directions and rules of conduct to be observed in every case that can possibly occur in the exercise of the obstetric art ; rules that have not been deduced from the theory of a heated imagination, but founded on solid observation, confirmed by mature reflection and reiterated experience.

On the whole, ‘Smellie’s Midwifery’ stands in no need of invidious comparison, which the author has ever carefully avoided ; nor does it depend for success upon cabal or misrepresentation arts which have been shamefully practised against it, to the confusion and disgrace of its enemies ; but the great demand for the two volumes already published, and the high esteem in which it is held by foreigners, who have translated them into different languages, are such proofs of extraordinary merit, as all the efforts of envy will not be able to overthrow.

[I have thought it well to reprint this “Advertisement,” just as I found it ; for, although not the composition of Smellie, yet it formed the preface to this third volume of his treatise, and contains some interesting information. The volume itself did not make its appearance in print till the year 1764, and about a year after the death of its author. That this preface was drawn up by the same “person who prepared the two former volumes for the press” seems highly probable ; but who that individual was, whether Dr. Harvie or Dr. Smollett, we cannot say and need not care to know.

In his remarks on Case 371, Smellie himself tells us of his being engaged in the year 1761, (when retired from practice, and residing

at Lanark) revising and arranging his cases, with a view, doubtless, to their publication.

At page 368 of vol. ii I have mentioned that Collection XXXI (comprising Cases 275 to 302 inclusive) originally formed the first collection in vol. iii, but that it seemed more advantageous to bring it in at the end of vol. ii, as it completes the series of "laborious cases," and thus leaves the *preternatural* cases, and the cases of *puerperal* and *infantile diseases*, to form the contents of the third volume.

Appended to this present volume will be found what no previous edition of Smellie's treatise possessed, namely a full alphabetical index of all the subjects treated, the cases recorded, and the authors referred to in the course of the entire work. The preparation of this index gave me no small trouble, but I am satisfied it will prove of great assistance to all who may want to consult the book, and will thus help, in some degree, to facilitate the study of the author's opinions and practice. Such a work as this without a ready means of reference, loses half its value.]

---





## COLLECTION XXXII.

(*Vide* Vol. I, p. 305.)

OF PRETERNATURAL LABOURS, IN WHICH THE LEGS OR BREECH PRESENTED IN PLACE OF THE HEAD.

(*Vide* Anatomical Figures, Tab. 29, 30, 31, 32, 33, 34, and 35.)

CASE 303.—*In which the Feet presented, and were protruded without the external parts; difficulty in extracting the Trunk.*—In 1738, the year before I settled in London, a midwife sent for me to assist in a labour. The legs of the foetus were forced down through the os uteri into the vagina immediately after the membranes broke, and she had tried to bring down the child's body by pulling.

As I suspected from this information, that the body lay double in the uterus, which prevented the breech from coming down in the former trial, after stretching the os externum, I introduced my hand into the vagina, and up along the thighs of the child to within the os internum, where I found the breast and chin squeezed down at the left side, just above the brim of the pelvis.

After considering the case, I took hold of the feet, which were without the os externum, with my other hand, and pulled at them; while at the same time I pushed up the breast and head to the fundus uteri, with the hand that was introduced at first.

Finding that the breast came lower, and that the pushed-up parts did not return, I withdrew my hand from the uterus; and having wrapped a cloth round the legs, pulled

at them with both hands, till I brought down the breech to the os externum.

As the belly of the foetus was to the left side of the pelvis, I turned it back to the sacrum; and although I tried to deliver without bringing down the arms, yet I found the shoulders so large, that I was obliged to introduce a finger over one of them and along the arm.

This I slipped down gently into the concavity of the sacrum, and brought it out through the external parts with a semicircular turn, to prevent a fracture in the extraction.

Then I brought the body lower; but finding that the head stopped at the upper part of the pelvis, I insinuated my hand up along the breast, and introduced a finger into the mouth, and by pulling gently brought the forehead into the concave part of the sacrum; being afraid of overstraining the under jaw, I quitted that hold, and placed a finger on each side of the nose; then I laid the body of the child on that arm, and by slipping the fingers of my other hand over the shoulders, and on each side of the neck, I got the head safely extracted.

That I might operate with greater ease, both to myself and the patient, she was at first laid on her back across the bed, her breech to the side, and two women supported her legs; in delivering, I at last was obliged to raise up the child's body, so as to bring out the head with a half round turn upwards, to prevent the perineum's being tore, as these parts were forced outward in form of a large tumour; by which precaution both the mother and child were safely delivered. (*Vide Case 380.*)

CASE 304.—*The Breech presented; and forced down to the os externum; assisted by finger in groin; Child dead born.*—In the year 1746, being sent for to a woman in labour, the midwife told me, that at her first examining, and even after the membranes were broke, she could not distin-

guish what part of the child presented, until the pains forced it lower and lower; and then, both by the discharge of the meconium and the touch, she found that the breech presented; but having waited several hours in expectation of the delivery, and at last being afraid of the child's life, she had recourse to my assistance.

On examining, I found the nates at the lower part of the pelvis, and in a right position, with the thighs to the sacrum; as the pains were now weak, and expecting it would require considerable force to deliver the child, I caused the patient to be laid in a supine position, as in the preceding case.

In time of the pains, I gradually stretched the frænum labiorum with my fingers; then standing up, turning the back of my hand downwards, and introducing my fingers betwixt the breech and the os coccygis, I tried to raise up the nates, so as to be able to bring down one or both legs.

Although I failed in this attempt, and could not raise the nates so high as to allow my hand to pass up into the uterus; yet this effort gave more room, by stretching the parts, and allowing an easier passage for the child, which I found was very large; and indeed this was the sole occasion of the difficulty.

After bringing down my hand, I introduced the fore and middle finger of each into the outside of each groin, betwixt the thighs and body of the child; with the assistance of this hold, and pulling from side to side, and upwards, to prevent the perineum's being tore, I at last brought the hips through the os externum, at several efforts, and by the assistance of the weak pains; after which, and with much fatigue, I brought down the arms, and delivered the head as in the former case.

Although I used all precaution in delivering the head, and indeed exerted less force than in the former case, yet the child was dead; a circumstance which seemed to pro-

ceed from the long pressure of the funis, by its being tumefied and squeezed of a flattish form near the navel.

[No doubt pressure on the funis is a not uncommon cause of the death of the child in head-last deliveries; but detachment of the placenta before the head has cleared the vagina, or even in some cases the uterus, is also a source of considerable danger to the fœtus in this same class of cases. Upon this latter point I have, at p. 311 of vol i, quoted an opinion of Professor Hodge, which I thought was original with him; but I have since found that Dr. Charles Bell, of Edinburgh, writing on this subject in the 'Edinburgh Monthly Journal of Medical Science' for September, 1853, had anticipated the remark of Hodge. In justice to Dr. Bell I shall copy the whole passage:—"But although pressure of the cord has been referred to as the only source of danger in breech presentation, it is very questionable if it is the sole cause of death; and I believe, were the subject more carefully investigated, it would be found that this result arises frequently from the entire separation of the placenta before the head is born—an event more likely to occur if the cord be round the neck of the fœtus. Hence, were artificial delivery effected earlier and more frequently, many children might be saved. That the placenta should be separated before the head of the child is born, by the natural efforts, is a most likely occurrence, when it is considered that there is no long lever in this class of labour such as is afforded by the lower extremities in natural presentation, and therefore, when the head has been pushed into the pelvis by the contractions of the uterus, the organ must be reduced to its utmost limit, and consequently the placenta is separated in a large number of instances. This is obvious, from the fact that the pelvis is occupied by the vagina; and when we introduce our hand into it after the second stage of labour is finished, in ordinary cases, we find the os uteri on a level with the superior margin of the pelvis, showing that the whole organ is above in the abdomen.""]

CASE 305.—*Primipara; the Breech presented; and the Head delivered according to Deventer's method.*—In the year 1749, I was called, about five in the morning, to a patient that had bespoke me to attend her in labour of her first child; she had been in labour most part of the night, and did not send till the membranes were broken.



The breech presented ; the thighs were to the right side of the pelvis ; the right hip was forced down in the back part, and the left stuck above the ossa pubis.

As this was her first child, I waited with patience, in hopes that both hips would advance gradually, and stretch the vagina and external parts ; but the meconium having come down in great quantity, the woman also being much fatigued, and the pains abating about noon, I was afraid, if I delayed assistance longer, the child would be lost.

Finding that the delivery was principally retarded by the hip sticking above the pubes, I dilated the os externum a little ; and after introducing two of my fingers betwixt the pubes and the hip, pressed and moved it in time of a pain to the right side of the pelvis ; this endeavour immediately altered the former position, by bringing the thighs to each side of the sacrum. The child being small, was forced lower and lower every pain ; the body and head were delivered, without my being obliged to bring down the arms, as in the former case.

The woman lay in bed on her left side ; and as the head was small, I delivered it according to Deventer's method ; by fixing the fingers of my right hand over the shoulders, and on each side of the child's neck ; then taking hold of the body with my left, and pulling with both hands backwards to the patient's breech, I brought out the occiput and vertex from below the pubes, while the chin was within the lower and back part of the vagina, to prevent tearing the fourchette, which felt very rigid.

The child lay some time breathing, but seldom ; but at last recovered more strength.

[In a note at p. 318, vol. i, I have made some remarks on the method of extracting the head, successfully pursued in this case, and which Smellie here and elsewhere calls "Deventer's method." For Smellie's own remarks on this point, see vol. i, p. 308.]

CASE 306.—*Primipara; a Breech case; Child Dead born.* (From Dr. Tathwell, physician of Stamford.)—May 6, 1755, a woman aged 32, having gone her full time with her first child, some slight pains came on, and the waters broke; after which the pains went off for a fortnight, then came on again, and the fæces of the child were observed by the midwife (Mrs. Reeve, whom you taught) to come away.

Upon examination, I found one of the hips presenting; but the os internum not being open enough, and the pains only slight, I directed some Thebaic drops with tincture of castor and warm suppings, ordering the woman to compose herself, and if any change happened to send to me again.

In a few hours the pains were so increased, and the os internum so opened, that when I was fetched back, I found the nates of the child squeezed out, which I helped forward to the hams, then got out the legs, and after giving a quarter turn to bring the head right in the pelvis, fetched down the arms, delivered the head, and, with a little assistance, the placenta.

No pulsation could be perceived in the umbilical cord, though the mother thought she had felt the child stir that morning; but probably the same pressure on the abdomen of the child, which had brought away the meconium, stopped at the same time the circulation in the navel-string.

Everything went on right after delivery, by the help of a few drops above mentioned, and the woman got well at the usual time.

CASE 307.—*The Breech presenting; the Thighs to the Ischium, low down, and turned to the Pubes; artificial rotation of Body.*—I assisted in a case much of the same kind as the former, in the year 1745, but was obliged

to bring down the body in a different manner ; for when called, I found the breech presented low in the pelvis, and the thighs to the left side. The midwife told me that it had been long in that position, that she could not move it, after repeated trials and strong pains.

As the patient lay on her left side, I tried to raise the breech with my right hand, so as to bring down the legs ; but the contraction of the uterus being so great against me, I could not move it up sufficiently for that purpose ; however, by this trial I did some service, in opening the os externum, and likewise felt a pulsation in the navel-string, as it lay secure betwixt the thighs, which kept it from being pressed. The ischium being much lower than the pubes, I durst not venture to bring down the thighs at that part, neither did I choose to pull the body further down to make more room, for fear of engaging the shoulders too low in the pelvis, which would prevent my turning the fore parts of the child to the back parts of the uterus ; but I turned up the right thigh from the ischium to the pubes ; by which means I easily got hold of the joint at the knee, and brought down that leg, and after that delivered the other leg in the same manner. I had tried before this to turn the breech with my fingers of both hands, on the outside of the groins, both backwards and forwards ; but the breech being large, and firmly locked in the pelvis, I could not move the thighs in that manner either to the sacrum or pubes.

After I brought down the thighs and breech to the os externum, a strong pain came on sooner than I expected, and pushed down the body to the shoulders, before I was aware, into the pelvis. After wrapping a cloth round the child's hips, I tried to turn the fore parts to the back parts of the patient, but could not move it till I forced up the body again to the hips ; by that means the shoulders were disengaged, and the belly yielding easier, I got it turned

backwards. I then delivered the body and head, as in the second case; but the last coming more difficultly, I was obliged to bring down both arms before I could extract the same with safety.

[In this case the very thing happened he was anxious to avoid, namely, the shoulders engaged in the pelvis with the face of the child looking anteriorly. He tried to remedy this by turning the body round, but failing to do so he had recourse to the novel and bold expedient of forcing up the head and shoulders above the pelvic brim, when he was able to effect the needful rotation of the child and so bring its face towards the back of the pelvis. No doubt this pushing up of the foetus was admirably calculated to facilitate the rotatory movement of its body, and may safely be imitated under similar circumstances if a moderate force only is required to be used. I am convinced, however, that where no undue interference with the labour has been practised, the necessity for such a piece of manipulation will be extremely rare.]

CASE 308.—*The Breech presenting in a Primipara, and the Thighs to the Pubes; artificial Rotation of the Body.*—I was bespoke in the year 1750 to attend a woman in her first child. When I was called, I found that the membranes were pushed down with the waters in time of a pain, and that the mouth of the womb was very thin, and open about the breadth of half a crown. As the pain went off, and the membranes grew lax, I pushed up my finger further, and found some part of the child through them; and although it felt round like the head yet it was softer at some parts than others, and more unequal; which made me suspect, as it was so high up, that it might be the shoulder: however, as this was her first child, and the parts were very straight, and the patient very young, I thought it more advisable to wait with patience, to let the parts open in a slow and gradual manner by the membranes and waters. This being in the evening, I left her, and called again about eleven that night. The pains had



been but slight, and there was but very little alteration in the mouth of the womb; only I found that the membranes were pushed further through it.

I could now a little more distinctly feel the part that presented, and was pretty certain that it was not the head. I wanted the labour to go on slowly, to allow time for softening and stretching the os uteri; I was also afraid, if the labour was hurried on too fast, especially as I found the membranes pushing down of a longish form, that they would break too soon, or before the os uteri was fully opened. I ordered an anodyne draught, and desired her to go to bed, and to take all the rest possible. In order to amuse her, and keep her from thinking too much upon her situation, I told her that the labour was scarcely begun, and desired the nurse to send for me as soon as the waters came off; however, as the case might turn out difficult for the patient, and dangerous for the child, if not rightly managed, I staid all night without her knowledge, and went to bed in the house.

[Smellie's conduct on this occasion is well worthy of our imitation under any similar circumstances. It was not only consistent with prudence and good sense his stopping the night when he had reason to suspect the presentation to be preternatural, but his reticence toward the patient of what he was doing showed a wise consideration for her feelings. Such conduct is always appreciated, and gratefully remembered by our patients.]

I was not awaked till the membranes broke, about six in the morning, when I examined, and found the os uteri considerably more open, and not so rigid, and the breech pushed down into it, with the thighs to the pubes. The nurse informed me that the patient had slept betwixt the pains, which grew gradually stronger; but she had not had any since the waters began to come off. I desired she would still keep quiet in bed, thinking that now, perhaps, her sleeps would be longer and more refreshing if she con-

tinued any time free from pains. Accordingly she enjoyed a good deal of sound sleep, during which she had some slight pains, and some of the waters were discharged.

About ten the pains grew stronger and more frequent, by which the breech was forced down, and gradually dilated the os uteri to its full extent. I then began to stretch the os externum gently every pain, that I might assist the delivery with greater ease, to prevent the child's being lost by its stopping too long when come down to the lower part of the pelvis.

As the breech advanced further, the meconium began to be discharged. The middle of the thighs being then down at the lower part of the pubes, I introduced my finger betwixt them, up to the belly, and felt the funis, with a pulsation in it. I then introduced a finger of each hand to the outside of each groin, and helped down the hips lower, till I felt the hams at the under part of the pubes; then taking hold of one of them with the fingers and thumb of each hand, I brought down the legs slowly, first one and then the other.

[Although as a general rule it is not advisable to bring the legs down so early as was done in this case, yet Smellie's practice in this instance may be defended on the ground that the artificial rotation of the child's body was required, and that this could best be accomplished after the feet and legs had been removed out of the way.]

The limbs being slippery, I introduced a cloth betwixt them and my fingers, to prevent their slipping, and then turned the fore parts of the child to the back parts of the uterus; I had several times found, that after I had turned the child in that manner, the forehead, instead of being backwards to the side of the sacrum, was towards the groin, and brought down with great difficulty in that position, unless I could turn it more backwards by pressing it with my fingers: in order to prevent this difficulty I turned the body a quarter more, which brought the forehead back-

wards, as above, and then delivered as in the former cases. The child was alive.

CASE 309.—*Primipara; the Breech presenting; the Delivery assisted with the Curve at the Handle of the Blunt Hook, and a Fillet or limber Garter; artificial Rotation of Body; Child putrid.*—I was called, in the year 1752, by a midwife, to a case where the breech presented much in the same manner as the former, It was the woman's first child; and before I was called she had been many hours in labour after the membranes were broke. The thighs were towards the pubes, and the breech was come down to the lower part of the vagina; the perineum and fundament were pushed out in form of a large tumour by the breech, which had stopped there for some time, and the woman's pains were grown weak and seldom. As she lay on her side, I dilated the os externum gradually during every pain; and when I could introduce all my fingers, I turned the back of my hand towards the perineum, to raise the breech; but the woman shrinking away from me, and altering her position, I turned her on her back, as described in Collection XXV, Case 223, and she being firmly held and supported by assistants, I proceeded without much interruption.

Having dilated the parts, I applied a finger to the outside of each groin, and tried to help along the breech; but could not move it after several efforts. I tried to push up the breech, and bring down the legs, but could not raise it above two inches. I afterwards waited some time, to see if the pains would push the breech farther, especially after the parts were so much opened. Finding both them and the assistance of my fingers ineffectual, and the woman much exhausted, I introduce the large curve of the blunt hook with my left hand, betwixt the fingers of my right, along on the left hip, and slipped the point in betwixt the thigh and the body of the child, till I found the point past



the inside of the groin, betwixt the thighs ; then taking hold of the small end of the hook with my right hand, and applying the fingers of my left hand to the outside of the opposite groin, I gradually brought the breech lower ; but finding it again stop, and that the left hip was brought farther down by the curve than the right, I changed it to that side. After repeated trials, I could not deliver the breech, nor bring the body so low down as to manage the legs.

I now withdrew the hook, and with a good deal of difficulty passed a garter betwixt the thighs and body ; by the help of which the parts advanced, till the joint of the ham came below the pubes ; then bringing down the legs and thighs, and wrapping a cloth round them, with a good deal of difficulty I turned the back parts of the child to the fore-parts of the uterus. I tried to give a quarter turn more, with the hip up towards the pubes, but could not move it further ; I therefore began to pull along the body of the child, which required greater force than I expected : but at last I delivered the belly, which felt very large ; upon which the shoulders and head came easily along.

Although I felt (from my not being able to give the hips the quarter turn) that the chin, instead of being at the side of the pelvis, was towards the left groin, yet, as the head was small, I moved it backwards, and with my finger in the mouth, brought the forehead to the hollow of the os sacrum, and delivered as in the former cases. When I examined the child, I found that the whole difficulty proceeded from its having been dead, so that the belly was very much swelled ; a circumstance which I did not suspect, as both the woman and midwife had assured me they felt the child stir ; however, it had been certainly dead several days, for the scarf-skin was livid, and stripped off in several places.

CASE 310.—*The Breech presenting at the brim of the Pelvis, and the Thighs to the left side; the Legs brought down.*—Being called to a woman in the year 1747, whose former labours used to be pretty easy, the midwife told me, that one of the hips presented; and although the mouth of the womb was largely open, and the patient had been in strong labour, yet the other hip did not advance, but stuck above the share bone. I found the left breech pushed down to the middle and back part of the pelvis, and pretty much swelled; and perceived that the thighs were to the left side, and the right hip above the pubes, as the midwife had said.

As the woman had been much fatigued, and her pains were grown weak, I introduced my right hand, contracted into a conical form, into the vagina, and pushing up the breech higher, made room for my hand to advance along the thighs, towards the fundus uteri; finding the legs up towards the fundus, and some water still retained in the uterus, I easily folded down the legs, and after I had brought them and the thighs without the os externum, I turned the belly to the sacrum, and delivered the child, as in the first case.

CASE 311.—*Primipara; the Breech presenting at the brim of the Pelvis, the Child large, and the Thighs to the Pubes; the Patient troubled with Floodings; one Leg brought down.*—I was called by a midwife, in the year 1748, to a woman who was in labour of her first child. The right hip was pushed down at the right side of the pelvis, the woman had been long in labour; a great many clothes had been wetted with discharges of blood from the uterus; and although it flowed gradually, and in small quantity, yet the woman was considerably weakened.

As the fore parts of the child were towards the abdomen, I placed her on her side, and gradually, as in the former

case, introducing my hand into the vagina, raised the breech ; after I had insinuated it up along the left side of the child, I stood more behind the woman, and turned my hand to the fore-part of the uterus ; but the uterus being strongly contracted, I was obliged to advance very slowly, dilating as I advanced, and then could only bring down the left foot. I was afterwards obliged to push at the breech, and pull at the foot, alternately, before I could bring down the leg and the thigh. This being effected, I wrapped a cloth round the leg, and took hold of it with my right hand, while at the same time I applied the fingers of my left above the right haunch, on the outside of the groin ; and by pulling with both hands, brought down the body, till the ham of the right leg was descended below the pubes. I tried to turn the fore parts of the child backwards : but could not till I brought down the right leg.

Finding the child was large, and expecting it would take a good deal of force to deliver the head, I altered the woman's position by turning her on her back ; then wrapping a cloth round the thighs and breech, having already turned the fore parts of the child to the back-parts of the uterus, I brought it down to the shoulders ; but finding it stopped at the head, I introduced my fingers and hand along the breast, and discovered that the obstruction was from the forehead's resting against the left arm of the child, at the left side of the sacrum. I then brought down that arm, introduced two fingers into the mouth, and delivered, as in the former cases, though not without a great deal of force ; for after I had got the fingers of my right hand into the mouth, and laid the child's body on that arm, and taken a firm hold over the shoulders with the fingers of my left hand, I was obliged to increase the force every attempt. Being afraid I should overstrain the jaw, I withdrew my fingers out of the mouth, and tried Deventer's

method, by pressing down the shoulders, so as to bring the occiput from below the pubes; the head, however, being too high to be moved by that method, I again had recourse to the former; but advanced my fingers higher, placing them on each side of the nose: I pulled so long, and with so great force before the head was delivered, that I was surprised to find the child alive.

CASE 312.—*The Breech presented; the Thighs to the Sacrum, and the Pelvis distorted; Legs brought down; Child alive.*—I was bespoke, in the year 1748, to a woman who had suffered very much in her former labours from the pelvis being distorted. When I was called to her about six in the morning, I found the mouth of the womb largely open, and the membranes pushed down with the waters in time of a strong pain. As the pain went off, and the membranes became lax, I felt plainly through them, that the head did not present; but was uncertain whether it was the breech or the shoulder; I could just touch with my finger the projection of the last vertebra of the loins with the upper part of the sacrum. Though concerned that the child did not present fair, I was pleased to find that the pelvis was not quite so narrow as it had been represented.

About an hour after I came, and before the membranes broke, I examined and found them pushed farther down; and as the pain went off, I found that the breech presented. Placing the woman in a convenient position, as described in Collect. XXV, Case 223, with her head and shoulders lower than her breech, I gradually opened the os externum, and introduced my hand into the vagina as a pain went off. Endeavouring to raise the breech, my fingers broke through the membranes, and as a large quantity of water was retained, I easily brought down the legs, which were to the back parts of the uterus.

After I had brought down the body to the shoulders, I



tried to bring the head into the pelvis, by pulling in different directions, viz. upwards, downwards, and from side to side; but finding I could bring it no further, I introduced my finger and hand in a flattened form betwixt the breast and back part of the os externum. In advancing further, I felt the chin and face at the upper part of the os sacrum, the forehead retained above the distorted part formed by the last vertebra of the loins, and the forementioned bone: I tried to pull the forehead down with my fingers placed on each side of the nose; but could not move it, then I pulled down the left arm of the child, and pressed the face and forehead to the left side of the pelvis, where there was more room. I made a second effort to bring down the head in the same manner as before; but as it still stuck, I pulled down the right arm; in a third trial, I brought the forehead down into the hollow of the os sacrum; delivered the head, and saved the child, contrary to expectation.

CASE 313.—*The Breech presenting; the Pelvis narrow; the Thighs to the Pubes; the Legs brought down.*—I was called by a midwife in the year 1752, and found the breech presenting, and the pelvis distorted. The midwife told me, that the woman's former labours had been very difficult and tedious; but now, as the breech presented, she was afraid the difficulty would be greater; observing, that she had sent for assistance as soon as she found (after the waters came off) the position of the child. As I found the thighs were towards the pubes, I kept the woman as she was then lying on her left side, and brought her breech nearer the side of the bed.

Introducing my hand into the vagina, I pushed up the breech of the child, and advanced along the fore parts of the uterus to search for the feet; but finding a greater resistance than I expected from the uterus and child, and

perceiving the head and shoulders of the woman lay high, I turned her from the side position to her knees and elbows, without bringing down my hand ; by which means her breech was raised higher than the body. I found the resistance diminished and brought down the legs ; then turning her to her back, brought down the body. After I had turned the fore parts of the child to the back parts of the uterus, I introduced my fingers to the face, as in the former case. Finding it to the left side of the projection, at the upper part of the sacrum, and the right arm lying before it at the left side of the pelvis, I first brought down that, and then helped down the forehead ; but before I could deliver the head, I was obliged to bring down the other arm, and saved this child also, though a good deal of force was used to deliver the head.

Five minutes elapsed before the child breathed, and it continued much longer breathing weakly ; but by the use of stimulants it began to cry, and continued to cry incessantly, till one of the women observed a large swelling betwixt the left ear and temple. This I immediately pressed with my fingers, on which it ceased crying ; but in taking them off it began again, and the swelling that subsided on pressure returned. To remedy the complaint, I dipped a thick compress in a mixture of oil, spirits, and vinegar ; and applying it to the tumour, desired the woman that held the infant to keep her fingers pressed on the place for a long time. When I examined it next day, the swelling was gone ; and it appeared to have been that part which stopped so long at the projection of the upper part of the sacrum, before the head was delivered.

CASE 314.—*The Breech presented ; the Body and Arms delivered by a Midwife ; Child dead.*—In the year 1748, I was called in a great hurry, to a woman in the same street. On examining, I found the body of the child delivered,

and only the head remaining unextracted. The patient was pretty corpulent; and begged that I would relieve her out of her misery, and if possible save the infant.

I felt no pulsation in the funis umbilicalis; but as that might have been just stopped, I immediately, and with great ease, delivered the head, by introducing my hand betwixt the neck of the child and the back part of the pelvis. I slipped two fingers into the mouth, which was to the left side of the sacrum: by that hold I brought down the face and forehead, turning them at the same time a little more backwards, into the concave part of the sacrum; then placing the fingers of my other hand over the shoulders, and on each side of the neck, and raising up the body, as the woman was in a supine position, I delivered the head, as described in Cases 303 and 304, of this Collection.

Two of the patient's sisters who were present, finding that the child was dead, expressed their resentment against the midwife, and ordered her out of the room; however, I interposed, and desired that she might first assist in laying the woman right in bed; then I begged to hear the progress of the labour.

As she found the breech present, and had used more force than is commonly exerted, the friends had been alarmed; but were satisfied for a little, when she assured them that the child came in the natural way, and that the patient and child would be soon and safely delivered.

She at first brought down the body and arms easily, with the assistance of the strong pains, but with all her strength she could not deliver the head; and at last was obliged to own to the attendants that the child came wrong; though not before she had made several trials after the first alarm.

CASE 315.—*The Breech presented, and delivered by a*



*Midwife ; another Breech Case with same Midwife ; Pelvis narrow ; great difficulty in the extraction of Head.*—In the year 1752, I was called by a midwife, who told me that the body of the child had been delivered an hour ago ; but not being able to bring out the head, she had desired my assistance. As the pains were now grown stronger, she begged I would wait a little, and if the patient was not soon delivered she would introduce me to her. I inquired if she had felt any pulsation in the funis, after the body came down ; she acknowledged that she had felt it at first, but it had stopped long ago. She was called into the room in a hurry ; and the head was immediately delivered with the pains.

About an hour after, I was sent for by the same midwife to another woman, where the breech presented, and who formerly was used to tedious labours. I had told the midwife on the former occasion, that she had lost the child by not sending sooner ; and desired she would never call me again in such a manner. This reproof had the desired effect ; for she sent for me in this case immediately on the water's coming off, and when she was certain that the breech presented.

Finding the pelvis narrow, and that the breech did not advance with the assistance of the strong pains, I brought down the legs ; but as the patient did not lie in an advantageous position, as described in Case 303 of this Collection, I caused her to be turned to that posture, and delivered the body and head of the child, as in the two last cases ; but with greater difficulty than any that I ever delivered in that manner, the child being alive.

After the body and arms were brought down, by dint of many repeated efforts, I delivered the head ; but in the mean time imagined it was impossible the child would be alive, as I found the neck was so overstretch'd ; and if it had not come along at the last effort, I was resolved to have used the assistance of the crotchet.

I stopped in the middle of these efforts, and attempted to extract with the short straight forceps : but the head was above the brim of the pelvis, and the curvature of the os sacrum prevented their taking a proper hold, so as to be of any service. This was the reason which prompted me to contrive a longer kind, the blades of which are curved to one side. *Vide* the Anatomical Tables. Also Case 352.

CASE 316.—*The Body of a Child delivered and the Forehead detained above the Pubes; Child dead.*—In the year 1750, I was sent for in a great hurry to a labour, where the midwife had delivered the body and arms of the child, but after several trials, and the assistance of the pains, could not extract the head.

The forehead was detained above the pubes. Finding it was not possible to move it backwards towards the sacrum, as she lay in a supine position across the bed, I pulled the body of the foetus downwards, and at the same time pressed the chin with the finger of the other hand to the breast ; by pulling up and down with both hands, I at last brought the forehead out from below the pubes, and delivered the woman of a dead child, though not without a good deal of force.

I have had several cases, in which the nates presented, and the children, where small, have been delivered safely with the labour pains ; especially when the fore parts of the foetus were to the back parts of the uterus, but commonly with more difficulty when in the above position.

CASE 317.—*The Breech presented; Leg brought down; a Flooding came on after Delivery; and the Woman died.* (In a letter from Mr.—dated—1752.)—He was called to a woman that had miscarried two years before, and since that had been subject to copious discharges, high coloured and fetid.

The membranes had been three days broken ; he found the pains were but inconsiderable, and some waters still drained away during each ; being also high coloured and fetid.

The os uteri was high up, thick, but little open ; which prevented his knowing the position of the foetus.

As the pains were faint, the child advanced very little in many hours ; yet she complained as much as if she had been in strong labour ; and the os uteri was so extremely sensible, that she could not bear the gentlest touch without screaming.

When the pains grew quicker and stronger, she placed herself on her knees ; at which time he found the nates presented, and endeavoured to dilate the passage ; but although the pains were vigorous and forcing, the part came no lower, neither could he apply his fingers to the groins to help the body along.

He then laid her in a supine position ; and after introducing his hand into the uterus, with great ease brought down one leg, and finished the delivery.

The child at first showed small signs of life ; but afterwards recovered, and is now alive.

The mother, soon after delivery, was seized with a flooding ; which, notwithstanding all he could do, carried her off in an hour.

Although it is difficult to judge of cases at a distance ; yet, I think, as the patient was not weak, and had strong pains, there was no occasion to force open the parts so soon to bring down the leg ; the child is seldom in danger of being lost before the nates come down to the external parts ; for it is safer for the patient to allow them to open the os uteri slowly, than to endanger its being tore with the hand.

[The foregoing observations, together with that which concludes Case 316, are noteworthy, as they plainly show Smellie was beginning to recognise the safety and prudence of trusting more to nature and

using less interference in the management of breech and footling cases ; and this was a very great step in advance of all the rules of practice then prevalent with regard to this class of cases.]

CASE 318.—*The Breech presented.* (In a letter from Mr. Ayer, dated Boston, Lincolnshire, 1750).—SIR,—Between 11 and 12 at night, I was called to E. I., who was suddenly taken with labour-pains when asleep in bed, and they had broken the membranes.

She had a strong pain when I entered the room ; but my coming in gave a check to them till some time after.

When I examined, the nates presented at the lower part of the pelvis ; and the pains being strong, I did not attempt to push up the breech to bring down the legs ; I only dilated the os externum, and soon after that, I was able to insinuate a finger into one of the groins ; and in a little time a finger of my other hand into the other groin ; by which means, and the assistance of the pains, I drew down the body to the hams, and extracted the legs.

Having wrapped a cloth around the extracted parts, as the face of the child was towards the sacrum of the mother, the delivery was soon finished, only it stuck a little at the head, and the placenta adhered to the back part of the uterus, but came off without much trouble.

The child was a lusty girl ; and although she did not at first seem alive, yet in a little time after she began to cry.

The patient, after being put in bed, was attacked with violent pains in her hips and body ; on which I was again sent for. As the discharges were small, I sent an anodyne mixture with  $\mathfrak{D}$ iv of Theriac. Androm., one half of which gave her immediate ease. (*Vide* Case 481, for continuation.)

CASE 319.—*Premature Labour ; the Woman very weak ; the Child's Arm presented, with the Breech ; Child putrid.* (Written by the same gentleman, in the year 1747, when



he attended my lectures, and sent with the foregoing case.)—One of the gentlemen, and one of the midwives, that attended my lectures, were sent to one of the poor women, who was taken in labour in the eighth month of pregnancy.

The os uteri was a little open; the membranes were forced down with the waters, and broken soon after they arrived; when, finding that the child did not present in the natural way, they immediately sent for me.

On examining, I found the os uteri thick and rigid; within it, on the left side, an elbow; and on the right, one of the nates.

The patient had, some time before that, been much weakened by a quartan ague; her pulse was low and weak, her body greatly emaciated, and she could scarcely speak, or stand upon her legs.

Being informed that she had taken little nourishment for several days, I sent for, and ordered her to take a little toasted bread and warm wine frequently, to recruit her strength and revive her spirits.

Having sent for my principal midwife, and the rest of my pupils, I desired her to keep the patient quiet in bed; which indeed was only a little straw laid in a cold garret; for at that time we were obliged to smuggle our patients, on account of the barbarity of the church-wardens.

In about four hours after this, the midwife sent for me; the woman was now much recruited by the nourishment she had taken; for besides the bread and wine, she had also got some broth; her pulse was much stronger, and she was able to walk about the room.

After waiting some hours longer, and considering the woman had formerly easy labours, I thought it was a pity to keep her longer in pain, as there seemed little hope of her being delivered without assistance; for, in examining

again, I imagined what I took for the elbow was a heel, and the other one of the shoulders.

Having placed the patient on her knees and elbows, according to Deventer's method, not indeed of choice, but from necessity, for want of proper accommodation, and having her firmly supported by the female assistants, I gradually dilated the os externum, and, with some difficulty, introduced my hand into the vagina. Then I found with more certainty, that the foetus presented, according to my first opinion, viz. the hip at the right side, and the elbow, with the head above it, at the other side, within the os uteri. This I tried to stretch open; it was then about the wideness of a crown-piece, and could only receive the ends of the fingers and thumb contracted together, in a conical form; but the orifice felt so thick and rigid, that I could not, by several efforts, dilate so much as to be able to introduce my hand into the uterus. Although the patient bore it with a good deal of patience, yet it fatigued her so much, that I desisted, and was afraid of using greater force.

The assistants seemed much surprised when I ordered the woman to be again laid down on her side, and did not attempt any more to deliver the child; but they were all satisfied when I told them the danger of tearing the uterus, and of the woman's dying in the operation from her great weakness; and that as there was no flooding, it was much safer to continue giving her nourishing food; for although the child presented wrong, yet when her strength was recruited, the pains would come on stronger; by which some of the parts would be forced down, and gradually dilate the os uteri.

I also observed, that if the labour ended as I had foretold, it would be of greater use to them than to have seen me run too great a risk of the woman's life, and after all be foiled in the delivery.

As her pains were weak, and at long intervals, I gave her a grain of opium to carry them off, and procure rest ; desiring one of the midwives, left with the patient, to give her a little broth frequently, and to send for me and the rest of the pupils when the pains came on, and when she found the os uteri more open.

When we left the patient it was eleven at night, and we were all called early next morning. By that time three of the gentlemen reached the place, the breech came down of a sudden, and one of the pupils delivered the body and head with great ease, as the child was small.

When the rest of the pupils arrived with me, we were informed, that the woman had been visited with pains every now and then, and slept betwixt them, so as to be much refreshed ; after which slumbers, the pains had suddenly returned with greater vigour, forced down the nates, and opened the os uteri, which then felt soft and yielding. From the livid appearance of the child's body, and the stripping off the scarf-skin, it plainly appeared that it had been dead for many days. The woman recovered, though long in a weak condition.

CASE 320.—*Primipara ; the Thighs presented ; Legs brought down.*—A young woman going with her first child, of a weakly constitution, slender, and of a small size, had taken very little nourishment during the last months of her pregnancy, and had swallowed several purging medicines, from a mistaken notion that she was dropsical. Both her husband and niece, who lived with her, died but a few weeks before she was delivered ; misfortunes which sunk her spirits much, and increased her weakness.

The labour was very slow and lingering, on account of her great weakness. The midwife could not discover any part of the child, till several hours after the membranes were broken ; and then felt a foot, with a thigh lying across,



at the upper part of the pelvis. She immediately signified the danger; upon which account I was sent for. On examining, I found it in the same manner as the midwife had described; her pulse was weak and low, and she lay on her left side, with her breech near the side of the bed.

As she was so feeble, I chose first to try if the body could be brought slowly along in that position. After ordering her a little warm wine, I introduced my right hand, which was anointed with pomatum, slowly into the vagina, during the time of a pain. I found the os externum sufficiently dilated, and brought down by degrees the leg and thigh; but then perceived the child was so large that it would not be possible to bring it along, unless I could bring down the other leg and thigh also. The thigh I had already brought down filled up the pelvis in such a manner, that I could not get my hand passed, without using too much violence: I then by degrees, just as a pain was going off, bent the leg to the thigh, and pushed it up into the uterus.

As the woman could not be kept firm in this position, neither could I use so steady and equal a force as to bring down the body and extract the head, as I could do while she lay supine on her back, I had her placed in that position. She had not any flooding, except some little shews, as they are termed by the midwives; these are only a few streaks of blood, which frequently proceed from stretching the os internum. I again introduced my hand into the vagina, then passed it along at the side of the pelvis, through the os internum, up into the uterus, and within the membranes. I kept my hand there a little to discover the position of the child exactly, which lay with its left buttock, thigh, and leg over the brim of the pelvis, its belly towards the mother's, the right buttock to the woman's right side, and the shoulders up to the fundus uteri, with its head turned downwards to the left side. I had intro-

troduced my left hand, which luckily answered best in this position. I then raised up the buttocks, and turned the belly more to the right side, which brought my hand easier to the right thigh and leg of the child, which were extended up along the belly and breast. I laid hold of the leg, and folded it down along the thigh to the buttock; then brought it and the other leg into the vagina. The knees and thighs followed; but the child being large, and the woman small, although the pelvis was well shaped, according to her size, the breech and body of the child came along with great difficulty.

I began to turn the belly of the child to the mother's back, before the breech was brought through the os externum; when the breech was turned to the os pubis of the mother, I gave it a quarter turn more, till its os sacrum was to the right os ischium, that this might turn the child's face, that lay to the right side of the uterus, to the back part. I then turned its os sacrum back to her os pubis, and brought along the body and the arms, and delivered the head as directed in the treatise; but not without a good deal of force. The child was alive, which I scarcely expected; the mother was so weak that she could give little assistance to help along the placenta, but it was at last separated slowly, and safely delivered; she luckily had no large discharge from the uterus, but was in a very low faintish condition for several hours. The only thing that could be done now, was to give her a little warm wine and water frequently, and sometimes a little weak caudle, to nourish and strengthen her weak body.

I ordered her belly to be kept moderately pressed with an assistant's hands, till a bandage could be safely applied. She was so weak, that I thought it was better to go on in giving her nothing more than a little nourishment, especially as it staid on her stomach. For some weeks before, she had thrown up most of her food, and could scarcely retain

as much as to keep her alive ; however, I ordered the following medicine ; but only to be used if she should be taken with violent pains or restlessness.

℞ *Sperm. Ceti. Theriac. Androm.* ā ʒj, *Syr. Croci. q. f.*  
*ut f. Bolus sumend. cum haust. sequent. et rep.*  
*quarta quaq. hora, vel ut opus fuerit ad duas vices.*  
℞ *Aqu. Cinnam. Simp. ʒiiss, aq. Alexiter. Spirit. cum*  
*Aceto Syr. e. Meconio.* ā ʒij.

The next day I found her much better ; she had got some rest ; and the discharges were moderate, although she had not taken the medicines.

## COLLECTION XXXIII.

(*Vide* Vol. I, page 318.)

OF PRETERNATURAL CASES; THE MEMBRANES NOT BROKEN,  
OR THE WATERS NOT ALL DISCHARGED; ALSO CASES OF  
FLOODINGS AND CONVULSIONS, IN WHICH IT WAS ABSO-  
LUTELY NECESSARY TO DELIVER.

NUMB. I.—*Women in Labour, and the Children in a  
Wrong position.*

CASE 321.—*Concealed Pregnancy; premature Labour;  
Arm and Shoulder presentation; Membranes entire;  
Version.*—In the year 1731, I was called in the night to a  
young woman, who lived at some distance in the country;  
and was told by the messenger, that she was in the utmost  
danger from a violent colic.

After my arrival, while the mother was telling me about  
her daughter's illness, I observed the colic pains returned  
periodically, and seemed more like labour than the alleged  
complaint.

She was then in bed, lying on her side, and her back  
towards the place where I was seated. On pretence of  
examining her stomach, I felt the lower part of the abdo-  
men of a round globular figure; and below the integuments,  
the uterus firm and tense, above the pubes, and betwixt  
that and the umbilicus; then I examined the vagina in  
time of that pain, and found the membranes forced down  
with the waters to the lower part thereof. When the pain  
abated, I felt the shoulder and arm of the foetus within the  
relaxed membranes.

Without saying anything to the patient, I desired to speak with her mother and aunt in another room ; and as this was an ante-nuptial affair, I told them the case, and desired they might hold their tongues at present ; for if they acted otherwise, it might endanger the patient's life.

Having desired the patient to move her breech near the side of the bed, and slipped a bed-sheet, folded, below her, to sponge up the moisture, I gradually introduced the fingers of my right hand, contracted in a conical form, through the os externum, which was largely dilated by the membranes, during the interval of the pains. As one of these returned, I pushed my hand into the vagina, and against the tense membranes, to break through them, so as to get within them to the body of the fœtus ; but they being rigid, my hand slipped through the os uteri, and up into the womb, on the outside of the membranes ; then grasping them with my fingers, they burst asunder.

As I had now introduced my hand within the membranes, I found the child floating in a large quantity of waters, which were kept up so as that not one drop could pass, my arm plugging up the passage. I now found the head was detained by the navel-string's surrounding the neck ; this I disengaged, and by a little push at the head it swam up to the fundus uteri ; then the nates coming down, I took hold of the legs, and brought them without the external parts : the child being small, was easily delivered with the placenta.

The child was alive, but died soon after. According to the patient's reckoning, she was only entered into the seventh month of her pregnancy. Had I known this circumstance at first, there would have been no occasion to do anything but perforate the membranes ; for as the passages were so largely open, and the child so small, it would have been soon delivered in any position with the labour-



pains ; but as my hand was up in the uterus, it was then better to deliver as above.

[Smellie here seems to recognise the principle that transverse presentations do not call for the performance of version before the seventh month, since the natural efforts alone will be able to effect delivery. As a general rule this holds good, and even at a more advanced stage of the gestation, if the child be far gone in decomposition, turning may not be required. But from this rule we may sometimes deviate with advantage to the patient ; as, for example, if we see her when the membranes are still entire and the maternal passages well dilated.]

This case was of great use to me afterwards ; as I discovered by it, that the waters are prevented from coming down by the arm's plugging up the passage, if the membranes are not broken before the hand is introduced into the uterus ; and this is a favorable circumstance when the child is large, and in a wrong position ; for when the membranes are broken, and the waters pour off all at once, before the hand can be got up, the uterus contracts so close to the body of the child, that it is then more difficult to effect the delivery.

CASE 322.—*The Breech presenting, with the Legs lying across before it, and the Membranes not broken ; some disproportion ; Legs brought down ; difficult extraction of Head ; Child lost.*—A woman, in the year 1743, bespoke me to attend her, because her two former labours had been difficult, and both children had been lost.

When I was called to her in labour, I found, during a pain, the os uteri largely open, and within the membranes the feet and nates of the foetus ; but before mentioning this, I inquired of the patient how her former labours were, and if in the natural way ; the nurse answered that they were ; but on my saying that the child came now in a wrong position, she acknowledged that both the former



children came by the feet, and were delivered by different midwives, who were obliged to use a great deal of force, and each a long time before the heads could be delivered ; but this circumstance had been kept a secret from the patient, to prevent any gentleman's being called.

Examining after this information, and not finding any signs of a distorted pelvis, I imagined that the loss of the children might have proceeded from the heads of both obstructing the circulation in the navel-strings. Being in the hope of succeeding better, I had the patient laid in bed, in an advantageous position, for the more speedy assistance, if the delivery should prove tedious ; viz. supine, across the bed, and her legs supported by two of my pupils, who were allowed to be present, as a recompense for my trouble.

The pains being strong, the waters had by this time forced down the membranes through the os externum ; into which I easily introduced my hand, broke the membranes, and brought down the legs and body of the child ; but as it stuck at the shoulders, I was obliged to bring down one of the arms, and after that another : I then felt that the difficulty of delivering the head was from the child's being large, and the patient and pelvis small.

As I still felt a pulsation in the funis, I had all along, and at different efforts, used great caution to prevent overstraining the neck ; but after many unsuccessful attempts to deliver in time of the pains, and the pulsation of the funis growing languid, as well as the woman's efforts, I was obliged to increase the force, as in cases of the last Collection. I had the long curved forceps ready ; but as I had delivered children with more force, and alive, I tried one effort more, by which the head was delivered. At that instant I was sorry to find the neck overstrained ; and reflected, that this might have been prevented with the above instrument. The child, when delivered, seemed alive ; and

by using the common method to assist respiration, it gasped three or four times, and expired.

Besides my being sorry that I did not try the forceps before this last effort to deliver, I also reflected, that as there was a large quantity of waters surrounding the child, that the membranes were not broken, the parts largely open, the woman and pains strong, and that her children had been lost from the difficulty of delivering the head; these circumstances considered, it would have been better practice, as directed in Collect. XVI, Cases 137, 138, and 139, to have introduced my hand into the uterus, broke the membranes, and brought down the head to present; by which means it would have been squeezed down in a lengthened form through the small pelvis, and the child would have had a better chance of coming with more life into the world; but I own I did not think of this method till it was too late, and the body was brought down. (*Vide* Collect. XXXIV, Case 352.)

CASE 323.—*The Membranes broken, the Arm in the Vagina, and the Shoulder filling up the Os Uteri, in such a manner as kept up the greatest part of the Waters; Version, Child saved.*—Being called to a woman in labour, in the year 1737, the midwife told me that the labour had gone on in the common way, by the membranes being forced down, and opening the internal parts; but in place of the head, she found something like a hand or foot within them; on which account she had recourse to my assistance, as soon as she perceived the wrong position of the child.

Some time before I arrived, the membranes broke. On examining I found the hand and forearm forced down without the os externum; and being informed that a large quantity of waters had been discharged from the uterus, I expected it would require much force to turn, and deliver, by bringing down the legs of the child.

Having prepared everything necessary to prevent hurry and confusion in time of the operation, and having also put the patient in a supine position, I took hold of the child's hand, which was the right, with my left hand, and introduced my right in a flattish form, up betwixt the sacrum and the child's arm, where I found the shoulder closely engaged in the os uteri, which prevented all the waters from coming off; for pushing up the arm and shoulder, they, with my hand, slipped with ease into the uterus.

Finding that my arm filled up the vagina, so as to prevent the remaining waters from coming down, I with my hand examined the position of the foetus, and found the head low down at the left side of the uterus, the nates to the right, at the fundus, with the legs folded up at that side. As there was a large quantity of waters still remaining, I raised the head to the fundus uteri, and brought down the legs with much greater ease than I at first expected; and the child not being large, was safely delivered.

CASE 324.—*The Face presenting, introduced a Hand to turn the Child, the Membranes being unbroken; Delivery by the Feet.*—Being called, in the year 1744, to a patient in labour of her first child, I examined in time of a pain, and found the os uteri was open about the breadth of a shilling, the membranes and waters were forced down, and gradually dilating the parts; but not being certain as to the presentation of the child, I desired a midwife, whom I left in waiting, to send for me when she found the labour farther advanced.

The woman being impatient, I was again called in about two hours; when I found no great alteration, only the os uteri was felt a little softer, and not so thick: as the pain abated, I likewise felt some part of the child; but feared

it was not the vertex, as it had not the large round hardness of that part, being rather softer and more unequal.

I mentioned nothing of this ; but encouraged the patient, and allowed the labour to go on slowly, by which means the os uteri was gradually dilated ; and at last I plainly perceived that the face presented.

In order to prevent reflections, if the child should have been lost in the delivery, I privately, without the patient's knowledge, told her friends the wrong presentation ; and on pretence that a supine position would assist the delivery, I had her conveniently laid in that attitude, so that I could assist with advantage, in case the waters should be discharged of a sudden.

By this time the membranes had fully stretched the os uteri, and begun to dilate the vagina : but being afraid they would break before they could sufficiently open the os externum, I gradually assisted every pain with two fingers in the vagina, to make room to introduce my hand, either to be ready, in case the membranes should break, to bring the head of the foetus into the natural position, if the pelvis was narrow and the head large ; or if not, to turn and deliver by the legs.

When the parts were sufficiently dilated, so as to admit my hand, I easily introduced it into the vagina ; on which the membranes broke, and some of the waters came off ; then I pushed up the head, insinuated my hand into the uterus, and my arm filling up the vagina and os externum, prevented any more from coming down.

The fore parts of the child were to the right side of the uterus : the pelvis was not narrow, nor was the child uncommonly large ; and there being still a large quantity of water, I with great ease and safety brought the legs, and delivered the child.



CASE 325.—*Primipara; the Child dead; the Abdomen tumefied and inflated; no part of the Fœtus could be felt presenting; Delivery by Version.*—In the year 1744, one of the poor women where the pupils attended, fell in labour in the eighth month of pregnancy, about ten days after she had been severely beaten: she had been in a lingering way for two days.

As the midwives and gentlemen could not feel any part of the child present, they suspected it would be a preternatural case, and sent for me. On examining, I found the os uteri largely open, and in time of a strong pain, the waters forcing down the membranes into the vagina; but when the pain abated, and the tense membranes relaxed, no part of the fœtus could be felt. I then observed, as this was the woman's first child, it was still proper to have patience, and allow the membranes to stretch the vagina and external parts.

Having ordered the patient to be laid in a convenient posture, as in the former case, to be ready to deliver in case the fœtus should be in a wrong position, I waited until I found the membranes were forced through the os externum, and had sufficiently dilated the same; but finding them still rigid, the woman weak from want of nourishment, and considering the length of the labour before we were called, I thought it was proper to begin, and, if possible, to prevent the loss of all the waters, in case the child was in a wrong position.

As a pain abated, and the membranes were relaxed, I introduced my hand into the vagina; but feeling no part of the child, I concluded it lay across the uterus, with the back, side, or belly downwards.

In this opinion, I forced my hand up into the uterus, on the outside of the membranes; which giving way, I insinuated my hand within them, and was surprised to find the whole body of the fœtus close up at the fundus uteri, and



a large quantity of waters below, which were kept from coming off by my arm plugging up the vagina : I also felt the head lower than any other part of the child : the cause of this position I did not know till after delivery.

Having searched for the feet, and brought them, with the legs, without the os externum, I wrapped a cloth round them, and turned the fore parts of the child backwards ; but after several attempts I could not deliver the body. Examining the legs, and finding by the cuticula being livid, and stripping off, that the child was certainly dead, and that the obstruction proceeded from the inflation of the abdomen, I resolved to open it with the scissors, or the more certain method of the crotchet : but on making another trial, and with a good deal of force, the expanded belly came out all of a sudden ; and as the child was small, the shoulders and head were easily delivered.

If the membranes had broken, and the waters come off in time of the labour, the head of the child would have presented to the birth. I have had a few cases of the same kind, where I could not feel any part of the child before the membranes were broken, and I could not account for this circumstance before I attended this woman ; but I have since observed, where no part could be felt when the waters were come down with the membranes, and the passage was largely opened, and the head presented after the waters were in part or wholly discharged, that the child had been dead some time ; and from the inflation of the abdomen, was specifically lighter than the waters, especially when there is a large quantity kept at the upper part of the uterus ; but if there is a small quantity, the head will be felt before they are discharged.

Cases also happen, when no part can be felt before, and sometimes even after the membranes are broken in pendulous bellies, and also when the child lies across in the uterus.

[This was clearly a case of “non-presentation,” such as is alluded to in the annotation at p. 333 of Vol. I. This anomaly may occur whether the child be living or dead, if the quantity of the liquor amnii be excessive; it is more commonly met with when the fœtus has been some time dead. In a case of this kind the patient should, as our author enjoins, be kept quiet and in bed till the mouth of the womb be nearly or quite fully dilated; then, if the nature of the presentation be still doubtful, the accoucheur being duly prepared for turning, should pass up his hand during the presence of a pain, break the membranes at its conclusion, and ascertain at once how the child is coming. If it be a cross birth, turning can then be effected under the most favorable circumstances.]

NUMB. 2.—*Children delivered in the four last Months of Pregnancy, from violent Floodings.*

CASE 326.—*Of a Woman with Flooding in the sixth Month of her first Pregnancy; Version; part of the Placenta left in the Uterus.*—In the year 1733, I was sent for to a woman, who was attacked with an hæmorrhage from the uterus in the sixth month of pregnancy, occasioned by a fall from a horse; she complained much of pain in her left side, on which she fell, and said her belly seemed as overstrained from the violence of the shock.

She was brought home, blooded, and put to bed before I arrived at the place. The parts affected were also fomented and embrocated, with a mixture of oil, spirits, and vinegar.

The discharge at first was but small: she had no pains that indicated a miscarriage coming on; and her pulse was regular. I ordered barley-water acidulated with *Sp. Vitrioli* for her drink; directing her to be kept quiet, that she might get as much natural rest and sleep as possible.

Next morning, finding that she complained more of the bruised parts; that the discharge still continued; and that the fear of this, and the fright from the fall, had prevented sleep, she was again blooded; upon which the above com-

plaints were abated ; and she being costive, was also much relieved by an emollient glyster.

In the evening several small clots of blood were discharged, with slight strainings, and the hæmorrhage returned with greater violence than before. The bleeding at the arm was repeated, and a paregoric draught given her, in which were twenty-five drops of Sydenham's *Liq. Laud.*, by which means the discharge again abated, and she slept pretty well all night.

The complaints from the fall were now much better ; but she being much dejected on account of the danger of miscarrying, I endeavoured to soothe and assuage her fears. I desired her to keep chiefly in bed ; to continue drinking barley-water acidulated ; to live mostly on weak broths and panada ; and to abstain from fermented liquids, and everything that was not of easy digestion.

Nevertheless, for several days, a bloody serum was continually draining ; and every now and then some coagula came off with strainings ; which brought on a fresh hæmorrhage, that soon abated.

About eight days after she had received the fall, I was sent for in great haste at six in the morning ; and was informed, that the discharge of a large coagulum of blood was followed by a violent flooding, which still continued.

I found her pulse low, her countenance pale, and she was so faint that she could scarcely speak.

I had all along told her friends the great danger to which she would be exposed, if the flooding should return and increase before labour came on.

Although she had already lost a large quantity of blood, yet it was by intervals ; and there had been time between the discharge to recruit her strength by the above-mentioned light nourishing diet. I now found the discharge rather increased ; that there was little probability of restraining it, so that she might proceed in her pregnancy ;

and I was afraid, if I delayed attempting the delivery longer, she might soon be in imminent danger of her life.

At this period of my practice, I did not know that applying styptics in the vagina, and filling it up with dossils of lint, would sometimes restrain the flooding, and assist to bring on labour; neither did I know that the breaking of the membranes, to allow the discharge of the waters, was of use to restrain the floodings, by allowing the uterus to contract close to the contained embryo or foetus. Cases 154, *et seq.*

Having signified to the friends the danger that the patient was in, I desired the husband to call another gentleman of the profession; who came accordingly.

After being informed of every circumstance about the patient, he was of the same opinion, and thought it absolutely necessary to deliver her as soon as possible.

Having encouraged the woman, I had her laid in a firm position (as described in Collect. XXV, Cases 223 and 228), expecting, as it was her first child, it would require a good deal of force, and cost the patient much pain, before the parts would be sufficiently dilated, so as to admit my hand into the uterus.

Having laid several doubles of a sheet below the patient, and being seated properly, I began gradually to stretch the os externum.

Having made room for my fingers, which were contracted together in a conical form, I continued moving them slowly in a semicircular manner and by intervals, till at last I introduced my hand through it into the vagina. During these and the following efforts, the patient was told, and imagined, it was her labour coming on; by which deception she bore the pain with great fortitude.

I now found the os uteri only so much open as to receive my forefinger; by turning which from side to side, it yielded so as to receive the middle, and by repeated



efforts, was at last so much dilated, as to enable me to introduce all the fingers of that hand: yet after several trials, I could not make a larger opening; and my fingers being much cramped, I was obliged to withdraw that hand, which was the right, and try to dilate with the fingers of the other; which were also ineffectual, so that I thought proper to desist.

The patient having undergone much fatigue, we ordered her ten drops of *Liquid Laudanum* in a cup of burnt red wine, and applied cloths dipped in vinegar to the external parts, and over the abdomen. Happily for the woman, we found that the flooding was again diminished; and agreed, that supporting her as before with nourishing fluids, to supply the loss of blood, was the only method by which we could hope to carry her on, and keep her alive until the parts should grow more soft and yielding, or the labour become more vigorous.

About nine or ten at night, the flooding returned, but was soon restrained by giving a draught with fifteen drops of *Liq. Laud.* She continued in this way for three days, the flooding returning four or five times, and abating on repeating the draught.

At the end of this period, she was again attacked with another violent discharge, which did not abate as formerly. Finding the os uteri softer, and to appearance more yielding, I made a second trial; and at last with some difficulty dilated so effectually, as to introduce my hand into the uterus; then breaking the membranes, I found a larger quantity of waters than could have been expected, considering the smallness of the child.

To prevent the weak patient's fainting, from the sudden emptying of the uterus, I desired one of the assistants to press on her belly with both hands; and after I got hold of the feet of the child, I slowly brought down my arm which had kept up the waters, that they might be discharged by



degrees, and at the same time desired the assistant to press a little more. The child being small was easily delivered ; it came into the world alive, but died in a few hours after its birth.

As the placenta did not follow by pulling gently at the funis, I again introduced my hand, and found it at the back part of the uterus, the inferior part of it adhering firmly, and feeling like a scirrhus substance : I therefore did not venture to separate it, for fear of tearing the inner substance of the uterus ; but only brought down that part that was already separated ; for, some time before this, I had a patient who I imagined was lost by using too great force to separate the placenta in the seventh month.

Although the violent discharge was much abated after delivery, yet the patient seemed to be in great danger from repeated faintings, her pale countenance and low pulse : for these reasons I prescribed five drops of *Liq. Laudanum* in a little burnt claret, applied a cloth dipped in vinegar to the abdomen, with a long towel pinned round her body. We were obliged to keep her lying on her back, with her head and shoulders in a low position, for at least two hours, before we durst venture to place her right in bed ; giving her every now and then some broth out of a tea-pot, and likewise some more of the red wine : we also repeated the same doses of *Liq. Laudanum* a second and third time ; in consequence of which, she at last fell into little dosing slumbers, and at last recovered from the most imminent danger.

She continued in a weak condition for many days : that part of the placenta which was left behind communicated a disagreeable and mortified smell to the discharges, and did not separate and come off before the fifth or sixth day after delivery.

I have been the more particular in describing every circumstance of this case, to show young practitioners the

difficulty and uncertainty of managing flooding cases, especially in the last four months of pregnancy ; for they frequently stagger the judgment of the most experienced practitioners.

CASE 327.—*A Woman attacked with a Flooding in the seventh month of her first Pregnancy ; the Os Uteri tore in the Delivery.*—In the year 1742, I was called by a midwife to one of her women, who had been attacked with a flooding for several days, and was then only in the seventh month of uterine gestation.

The midwife told me, that the patient had been blooded, and everything done to restrain the discharge ; but now it was increased to that degree, that it had run through the bed ; that she had undergone frequent faintings, every one of which it was feared would be her last : the midwife also informed me, that she had something like labour-pains every now and then.

The woman's pulse was low, her countenance pale, and indeed like one ready to expire : on examining, I found the os uteri open near the breadth of half a crown, and the breech and feet of the foetus presenting.

I gave the patient five drops of *Laud. Liq.* in a little red wine, and repeated the same every five minutes for three times ; not daring to give more at a time, on account of her weak condition, as the flooding still continued. When she seemed to have a little straining, I tried to bring on a pain, by stretching the os uteri with one of my fingers ; this forced the membranes and waters down so strongly, that I broke them ; but finding, after waiting some time, that this had not the desired effect to restrain the flooding so much as I expected, I repeated the *Laudanum*.

As the woman continued to have frequent faintings and cold sweats, I told the friends that there was little hope of life, even if she were delivered, and gave my opinion that

perhaps she would expire in the attempt; but as they begged that I would try, and as it seemed the only method, and the last resource to save her from death, I stretched the parts gradually, and delivered the foetus; but as it was her first child, it required a good deal of force to dilate the os uteri; and on introducing my hand through it, I felt it give way, and tear on the left side.

The child was alive, and lived till next day: the placenta followed the delivery.

The patient fell into a kind of dosing, and recovered contrary to expectation, considering the low condition she was in at the delivery.

The laceration of the os uteri gave me a deal of concern. I had been formerly employed in a case, where the woman was not so weak; and by using great force, in order to save both mother and child, the os uteri was tore; the woman died soon after from loss of blood, as I then imagined, proceeding from the torn vessels of the uterus. (*Vide* Case 334 of this Collection, also Cases 387 and 389.)

CASE 328.—*A violent Hæmorrhage in the eighth month of Pregnancy; the Placenta presenting at the Os Uteri, and neglected by an eminent Doctor; Version. Death of Patient.*—In the year 1746, a midwife sent for me on Sunday, about one in the morning, to a woman who was excessively weak and low from a violent flooding. She had formerly been delivered by a gentleman of several children.

The midwife at first informed me that she had been but lately called; that the patient had lost a great deal of blood, and was in the utmost danger from frequent faintings.

The woman's pulse was so low that I could with difficulty feel its motion; a cold dampness overspread the face

and extremities, and she could scarcely speak. On examining, I found the mouth of the womb largely open, the placenta lying over it, and the vagina filled with coagulated blood.

I inquired of the husband why he did not send sooner for assistance ; but he made a frivolous excuse, about the person's being engaged who was to have laid his wife ; being afraid, as I found afterwards, that if he had told me the truth, I would have refused my assistance until the other gentleman should be called again ; meanwhile, he begged for God's sake I would do all in my power to save his wife. I told him the case was dangerous, and so much time already lost, that a speedy delivery was the only method left ; though I was much afraid she would expire in the operation.

All present were convinced of the danger : I was moreover informed, that the patient had a small degree of flooding for several days ; but that evening it had increased with greater violence, and was attended with some labour-pains ; which last had left her for more than two hours.

There being no broth ready, I ordered an egg to be beat up with warm water, seasoned with a little salt, to which was added some red wine ; a little of this was given immediately. In the mean time I prepared everything for the delivery, and desired the midwife to move the patient nearer the side of the bed, with her back towards it. During this alteration, she again fainted ; and indeed every one present imagined she would not recover from the swoon.

When recovered a little, she, in a low tone, begged earnestly to be delivered, her strength being somewhat recruited. I introduced my hand into the vagina, and tried to reach the membranes, in order to break them ; but the placenta was over the mouth of the womb. I being afraid of tearing the after-burden, slipped my hand flattened

through the os uteri, and betwixt that and the placenta, until I reached the membranes ; which I broke through by grasping them with my fingers ; then taking hold of the legs of the fœtus, which were at the fundus uteri, I brought them down slowly into the vagina.

The midwife was seated on the opposite side of the bed, on purpose to press with both her hands on the abdomen, to prevent, as much as possible, the patient's fainting away, from the too sudden evacuation of the uterus. As there was a large quantity of water still detained, I desired that the pressure might be increased when I withdrew my hand ; and although the head was at first downwards, it easily turned up to the fundus when I brought down the legs.

Finding the patient bore the operation without fainting, I removed the wet cloths above, and applied dry ones to the external parts : I ordered some more of the egg-caudle and wine to be given ; and then, with great ease, delivered the child, which was dead. The secundines followed, being forced out by the weak effort of the woman, along with a large quantity of coagulated blood.

When I introduced my right hand into the uterus, to deliver the child, I passed the edge of the placenta, at the patient's left groin, and found it adhering to the back part and right side of the under part of the uterus : this was an advantage, in consequence of which I got sooner to the membranes. That part of the placenta, which was detached, and over the os uteri, was of a dark livid colour ; the other that adhered to the uterus, was fresh and well coloured.

After delivery the flooding abated, and to appearance the patient seemed a little recruited, and lay pretty quiet for some time ; but in an hour after she began to have a difficulty of respiration, which gradually increased, with rattling in the throat ; at last she fell into faintings and



convulsions, which soon closed the dismal scene, by putting a period to her life.

The midwife, who was an old practitioner, and in good repute, told me, that the gentleman who formerly attended the patient in all her labours, had been called some days before, and ordered what he thought proper in such circumstances; but the complaint increasing, and he being otherwise engaged, the midwife was sent for at his desire, on Friday night, when she found the patient had a small degree of flooding, which increased and diminished at intervals: but as she found nothing like labour beginning, she desired the patient might still continue to take what was prescribed by her physician. She was again called next evening, when she found something like labour-pains, the mouth of the womb a little open, and some soft substance like the placenta presenting. On this the Doctor being again sent for, declared what presented was only a large coagulum of blood; and went away, after ordering some other medicines.

As the flooding continued to gain ground, the husband went for the Doctor about ten at night, but did not find him at home. The hæmorrhage increasing, and the woman appearing to be in imminent danger, he went again about twelve, and found the Doctor in bed; who said he could not go with him, because he expected to be called every minute to another patient, to whom he had been previously engaged. In a word, he could not be prevailed upon by all the intreaties the gentleman could make; so that immediately on the husband's return I received a call.

After this information, the midwife proceeded with bitter exclamations, inveighing against the Doctor for abandoning the woman, and leaving her in extremity, as he had done frequently in other dangerous cases.

I have mentioned these circumstances as a warning to other female practitioners; and recommend their being in

friendship with gentlemen of the same profession, who may be ready to assist in such dangerous cases, when they are otherwise engaged, both from motives of humanity and a regard for their own character. I understood afterwards, that the above gentleman thought himself above being in friendly correspondence with midwives, from too much self-sufficiency. In a little time after this occasion, he was, for neglecting a patient in the same circumstances, exposed, sued, and cast in a considerable sum of money.

CASE 329.—*Flooding in time of Labour; the Arm and Shoulder presented; Turning; Death.*—A midwife sent for me to a woman near Westminster Abbey, in the year 1741. She told me her patient was attacked in the beginning of labour with a discharge of blood, which was not violent at first; but as she found it increase, she desired my assistance. Before my arrival the membranes had given way, and one of the child's arms came down into the birth. I understood the flooding had diminished, and that now there was but very little blood on the cloths.

On examining all the cloths, I found there had been a good deal of blood lost; nevertheless, although the woman's pulse was low, yet she did not seem so weak as I expected. Indeed, before I examined the case, I ordered her to take some wine with her cordial, to strengthen and recruit her spirits.

On trial, I found the arm lying double in the vagina, and the shoulder pressed in at the upper part. Being afraid, if I delayed the delivery, it would be more difficult to turn the child, I caused the patient, as she already lay in a supine position, to be brought down to the foot of the bed; the weather being cold, and that part nearest the fire-place.

I ordered two assistants to support her legs; and as it was not her first child, I easily introduced my hand into

the vagina. There being a small quantity of waters retained in the uterus, from the shoulders plugging up the os uteri, I with great ease pushed up the arm and shoulder into the uterus, raised them up to the fundus, brought down the legs, and delivered the child, which was but small, the placenta following without any assistance.

While I was employed in dividing the funis of the child, which was alive, one of the assistants told me that the woman was fainting away. I immediately gave her the child, and pressed on the abdomen of the patient with both my hands, having forgot that precaution in time of the delivery; but instead of recovering from the fainting, she was immediately thrown into convulsions, and died instantly. Besides the pressure on the abdomen, every method of stimulating was tried to prevent the fatal catastrophe, as volatile salts, spirits, and burnt feathers held to the nose, to quicken respiration, also frictions of the temples, arms, and legs.

I reflected afterwards, that the fainting did not proceed from any new evacuation of blood after the delivery, as there was very little on the cloths, but from the neglect of the pressure. As the flooding had stopped after the membranes broke, it perhaps had been safer to delay the delivery till the patient recovered more strength, or at least until the pains returned, which were gone off on the discharge of the waters; for the shoulders of the foetus would have kept up the remaining waters until their efforts returned.

[The neglect of pressure on the uterus and abdomen after the delivery no doubt contributed somewhat, as Smellie remarks, to the fatal collapse under which this woman sank. But I think he is nearer the truth when he remarks it would have been "safer to delay the delivery till the patient recovered more strength." This would certainly have been acting more in accordance with the admirable rules he has laid down (*vide* Vol. I, p. 323) for the management of these formidable cases of flooding before delivery. Having then brought down the legs of the child so far that the buttocks

came to be engaged in the mouth of the womb, a little delay might have been permitted, with great advantage to the mother and without much risk to the child.]

CASE 330.—*A Woman in Labour attacked with a Flooding, the Membranes not broken ; Turning.*—In the year 1748, a woman near Temple Bar, of a very weak habit of body, having been under great affliction for the loss of her husband, was suddenly taken with a violent hæmorrhage, upon which a gentleman, who had been bespoken to lay her, was sent for about four in the morning ; but he being otherwise engaged, I was called about seven, and desired, by an acquaintance that came for me, to make all possible haste to prevent the woman's being lost for want of proper assistance.

In this emergency a midwife had been also called, who told me that the patient had some slight pains, and had not lost much blood ; in which assertion she was contradicted by the attendants, as well as by the woman herself : they desired me to examine the cloths, where indeed I found a large quantity ; and was informed that the midwife made slight of the affair, to prevent another being called.

As I found the patient's pulse very low, and her countenance pale, I told the friends the danger, and desired them to send again to the other gentleman, as he might now be disengaged ; but this was objected to, as it would take up too much time, especially as he lived at a considerable distance ; they therefore begged I would not delay assisting the woman, who was in so deplorable a condition.

On examining, as the patient lay on her side, I found the os uteri fully dilated, the membranes and part of the placenta presenting. I introduced my hand in a conical form into the vagina, intending to break the membranes, that the waters, after being discharged, might allow the uterus to contract to the body of the child, and restrain the flooding : but the membranes were rigid ; and in making



an effort to lacerate them, my hand slipped easily through the os internum into the uterus, on the outside of the membranes. After having broke through them, I delivered the child and secundines, as in the former cases, but in a slower manner. I ordered one of the assistants to press the abdomen with both hands in time of the operation.

The child was alive, the hæmorrhage abated, and the patient, who bore the delivery with more courage than I expected, seemed at first to be in a good way; but having lost more blood than her weak condition could well bear, in a little time her pulse became low and creeping, and her extremities grew cold. I then ordered warm bottles of water, wrapped in flannel, to be applied to her feet, legs, hands, and arms, and supplied her frequently with chicken broth, which was then ready; I also prescribed a cordial mixture with *Confect. Cardiac*, a spoonful of which was to be given from time to time.

In consequence of these precautions, she enjoyed short, yet interrupted slumbers, and recovered, contrary to my expectation; but was several weeks so low that she could not sit up. In about six weeks after she was carried to the country, and recovered her strength by drinking asses' milk.

CASE 331.—*Violent Flooding in time of Labour; the Funis fallen down before the Head of the Child, and the Membranes not broken; Version.*—In the year 1752, I was called in the evening to a patient in labour, by whom my attendance had been bespoke. I found the os uteri rigid, and open about the breadth of half a crown. This trial being made in time of a pain, I waited till it went off; and the membranes being relaxed, I felt the head of the foetus within them, resting above the ossa pubis: but between that and the membranes I felt something like the funis umbilicalis lying backwards towards the sacrum, in two or



three doubles. As she had not had a stool for two days, one was procured by administering an emollient glyster.

Having waited till about ten at night, and finding the pains were but weak and seldom, I sent for Mrs. Maddocks, a midwife whom I kept on purpose to attend my patients in lingering cases, and desired her to put the woman to bed, in hope she would obtain some sleep; but enjoined her to send for me when the pains grew stronger, and before the membranes broke.

About six in the morning I was called in a great hurry, and not a little surprised when I came into the room to find the patient pale and fainting, the friends surrounding the bed all in tears, begging my assistance to save the woman's life.

The midwife I left told me the patient had slept a good deal till about five, and had only waked now and then with the pains; that there had been some shows, or a very small appearance of blood on the cloth; but that all of a sudden she was attacked with a flooding in time of making water, which had almost filled the pot, and that it still continued to pour from her in a large quantity.

On examining the cloth that had been applied to the parts when the fainting began, I found very little blood; the hæmorrhage having been restrained in time of the deliquium. The patient recovering, and taking a little wine and water, I felt the os uteri largely open, the membranes pushed farther down, and part of the edge or side of the placenta at the left side of the os uteri; I also with more certainty distinguished the funis on the inside of the membranes, and the head in the same position resting above the pubes.

This case being uncommon, I was uncertain at first how to proceed; but at last considering with myself, if I broke the membranes to evacuate the contained waters, so as to allow the uterus to contract and restrain the flooding, the

foetus would be lost by the pressure of the head against the funis in time of delivery, I resolved, in order to prevent this misfortune, to turn the child, and bring it along in the preternatural way, which would give a better chance to restrain the one and save the other, if the operation could be performed in a slow cautious manner.

As there was no broth ready, I ordered the whites of two eggs to be beaten up with a pint of warm water, seasoned with salt ; this to be given the patient from time to time with a little wine, to replenish the emptied vessels.

Having assigned to the midwife and the other assistants their proper stations, and prepared everything necessary, I examined in time of a pain, which forced out some coagula of blood from the vagina, with a fresh discharge. As the patient lay on her left side, I kneeled down on a cushion behind, introduced my right hand into the vagina ; and as the placenta was at the left side, I turned my hand so as to slide it gently through the os uteri, and up betwixt the membranes and right side of the uterus.

Having grasped and broke the membranes, I insinuated my hand within them, raised the head to the fundus, and turning the fore parts of the child to the back part of the uterus, brought down the legs into the vagina, allowing the waters to come off by degrees. Meanwhile I desired one of the assistants to press with the palms of her hands on the patient's belly, and increase the pressure as the uterus emptied. The patient endured all this with great fortitude.

Having cleared away the wet cloths, and applied dry ones to the parts, I observed that the flooding was diminished, and rested more than half an hour. In the mean time I directed her to take several times some of the above caudle. Finding her strength and spirits recruited, I delivered the child, which was small, with great ease, and the secundines followed.

The pressure was continued on the abdomen of the

patient until a long towel was applied round her middle, and secured so as to do the office of a firm bandage.

The child was very weak at first, but recovered. The mother continued in a low condition for many days, being supported with broths and cordials; but was able to get out of bed in three weeks.

[The way in which the delivery was conducted in this very critical case is most creditable to Smellie's skill and judgment. He studiously avoided the errors committed in Case 329. But this is not in any way surprising, for we must remember that the former case (331) occurred eleven years after No. 329, and that with enlarging experience he was gaining increased knowledge.]

CASE 332.—*A Woman in Labour attacked with a Flooding; Version; the Child delivered, Footling, but dead. (In the year 1747).*—The midwife, when called, was informed by the patient that her pains were but slight and seldom; but she was much alarmed at some blood that came away every time, as there had been no appearance of any such complaint in her former labours.

When the midwife examined, she found the mouth of the womb a little open; but could not distinguish any part of the child: and the woman being of a weak and delicate constitution, she told the friends the danger she would soon be in if the discharge increased. On this information Dr. Gordon being sent for, ordered an anodyne mixture; and as he was obliged to go out of town, desired them to call me if the flooding did not go off, or strong labour come on.

Soon after this the patient was taken with violent and frequent retchings, which very much increased the flooding. On this I was immediately sent for: but being called in great hurry from one labour to a second, the messenger could not find me, and went for Dr. Sands. In the interim I came home; and being informed of the message, reached the house before he could arrive.

The labour-pains by this time were gone off; the

patient's lips and countenance were pale, the pulse had sunk, and she was attacked with frequent singultus. On examination I found the os uteri largely dilated, the membranes and waters presenting, and something like the fingers and funis umbilicalis of the foetus within them.

By this time the flooding was a little abated ; on which it was proposed to send and prevent the other gentleman's coming, as he lived at some distance ; but I told them by no means, as the woman was still in the utmost danger, and it was very proper to have his advice and assistance, both on account of the patient, as well as to prevent reflections, and for the satisfaction of all concerned.

By the time my brother accoucheur arrived, I had given her every now and then a little broth and wine to recruit her sinking spirits ; and when he examined, he told me that he found these parts mentioned above, and likewise the head of the child forwards and resting above the ossa pubis. This I had not perceived ; for as she lay on her left side, I had only examined with a finger of my right hand, which I could not turn above the pubes ; but on trial with my left, I easily found the head resting above these bones.

After consulting together, and considering every circumstance of the case, he at first proposed, as the flooding was diminished, to give the patient a paregoric draught, and wait with patience for the return of the labour ; but soon after this, and before the medicine arrived, she was attacked with a violent fit of retching ; which forced down a large coagulum of blood, attended with a return of the flooding, which ran over the bed.

This sudden change altered our former resolution ; and we now concluded, that the only method to save the patient's life was a speedy delivery. Indeed I was of that opinion at first, on account of her weakness, as well as in respect to the safety of the child, as the funis had fallen down before the head.



The side of the bed being wet, and at a distance from the fire, I had the patient turned to her back, and moved down to the feet. While two assistants supported her legs, I kneeled down, and, with greater ease than I expected, introduced my hand into the uterus, and delivered the child and secundines, much in the same manner as in the former case; having taken almost the same precautions to prevent the patient's fainting away and sinking under the operation.

There was no appearance of life in the child; yet no part of it was livid; neither the lips nor private parts; a circumstance which plainly showed that it had not been long dead.

As the flooding was now stopped, we ordered the patient to take about a tea-cupful of broth every quarter of an hour or oftener, to support her, and recruit the loss of so much blood; but not too much at a time, lest her weak stomach should be overcharged, and bring on again the retchings, to which she was very subject (as the nurse informed us) even in time of health. We likewise directed her, if she should not get refreshing rest, or if the flooding should return, to swallow the paregoric draught already prescribed; in which were twenty drops of *Tinct. Thebaic.*

By these precautions, and proper attendance, she seemed for eighteen or twenty days to be in a good way of recovery, considering her weak and delicate constitution. (*Vide Case 471 for sequel of this case.*)

CASE 333.—*A Woman in Labour attacked with a violent Flooding; the Placenta presented; Version; Hand pushed through the Placenta; Child alive; the Woman died immediately after delivery.*—In the year 1750, one of my patients sent her coachman to me, desiring that I would go to his wife. He informed me that she had been in labour above twenty-four hours; that she had formerly easy labours; but now she was reduced so low by a sudden



loss of blood, that he was afraid she would sink before I could reach the house.

On my arrival, the midwife told me, that as soon as labour began, the patient was taken with a small degree of flooding, which had gradually increased as the mouth of womb opened ; but that she had all along found an uncommon substance presenting, and had some hours ago desired the friends to send for a doctor ; a proposal to which the woman herself would by no persuasions consent to.

She was to all appearance in a dying condition, nearly as described in Case 328.

On examining, I found the os uteri largely open, and the placenta over it ; on which I signified to the husband and friends the great danger, declaring that I was apprehensive she would expire in time of delivery, and that it was a great pity she would not allow assistance to be called for before it was too late.

Her sister begged that I would deliver the child, as it was now the only chance to save her life ; and if she should die, no person could be blamed.

I used all the precautions as in Case 332 ; but in passing up my hand by the placenta into the uterus, I could not break through the membranes.

I was therefore obliged to withdraw it, and push my fingers through the placenta ; then I delivered the child in the preternatural way, on which the flooding stopped ; but she was so weak that she expired in a few minutes.

Yet, contrary to my expectation, especially as the placenta presented, and was tore through the middle, the child was alive.

[It is worthy of attention that in this case Smellie deliberately perforated the placenta with his hand, and so effected an entrance into the uterine cavity. A similar method, I may remark, seems to have been pursued (though not by Smellie) in Case No. 339.

It has been a disputed point of practice, whether in cases like the

foregoing (of complete implantation of the placenta over the os uteri), it is better to perforate the placenta, or to detach it at one side. Smellie's case shows not only that the fœtus can be extracted through the opening so made in the placenta, but that it may be extracted alive; and thus the case demonstrates the fallacy of the two principal objections advanced against this mode of operating. But I believe it will rarely be found that detachment of the placenta is not the easier proceeding. According to Richter, the practice of perforating the placenta was introduced by De Leury and Mohrenheim. Ramsbotham seems to regard Smellie as the first to adopt this practice. But Dr. Wallace Anderson, of Glasgow, has directed my attention to a passage in La Motte, which clearly shows that Smellie was not original in this matter; and Smellie certainly takes no credit to himself for novelty in his treatment of the above case. The passage referred to occurs in the reflection on observation ccxxxviii, and is as follows: "Authors advise to make an opening into the *placenta*, and bring away the child through it, to avoid tearing the *membranes*." (I quote from Tomkyns' English translation, A.D. 1746; but the original French edition appeared in 1715.)

Where the os uteri is so unyielding as to forbid an entrance to the hand, there yet remain two alternatives, viz. either to plug the vagina, and so give time for the dilatation of the orifice, or to detach the placenta from that lower segment which Dr. Barnes calls the *cervical zone*. If in doing this we come upon the membranes we may rupture them and try to bring down a leg, using our other hand on the outside of the belly, so as to effect version by the bi-manual method. Once the buttocks are fairly engaged in the uterine orifice, the further loss of blood is generally at an end.]

CASE 334.—*A Case of Flooding; Version; the Os Uteri tore; secondary Hæmorrhage.* 1742.—A woman, aged about 30, who had been delivered of several children before, was taken with a violent discharge of blood from the uterus; she was immediately blooded; opiates and restringent medicines were prescribed.

They restrained the hæmorrhage a little; but it returned with more violence, and to such a degree, that when called again, I expected she would expire every moment.

The midwife informed me, that something like labour was begun ; on which I examined, and found the os uteri open about the circumference of a crown piece, and very thin.

The relations of the patient all begged of me for God's sake to deliver her as soon as possible, to give her a chance for life, and not to let her belly be the grave of the child.

I complied with their request, and delivered her much in the same manner as described in Cases 331 and 332 of this Collection ; but unluckily, when stretching the os uteri, which felt thin and rigid like a piece of parchment, the woman shrunk from the side of the bed, which obliged me to dilate with more force than I intended, to get my hand into the uterus ; at which instant I felt the mouth of the womb give way, and tear at the side, so as to allow my hand to pass without further difficulty.

The flooding diminished after delivery, on giving her 15 drops of *Tinct. Thebaic*, but returned in two hours, and ceased again on repeating the same medicine.

She slept pretty well all night, was next morning much recruited by the refreshing rest and nourishing diet ; but soon after was attacked with a violent hæmorrhage from the vagina, by which she was in great danger of expiring immediately.

This was checked by introducing into the vagina a sponge dipped in a solution of alum.

To me it seemed probable, that this flooding might proceed from some of the large vessels being tore that enter at the side of the uterus.

[The tearing of the os uteri during the forcible introduction of the hand is a remarkable feature in the above history, and the simplicity with which the fact is recorded is most admirable. That the patient recovered is also noteworthy. This must be one of the instances to which our author alludes in the course of his observations upon Case 441, when speaking of tears and lacerations of the os uteri produced by the hand of the accoucheur.

The above case is also remarkable as being an example of "secondary

hæmorrhage ;” and as such I have referred to it at p. 398 of Vol. I. Smellie is most probably correct in ascribing the violent bleeding from the vagina, which came on the day after delivery, to the laceration in the neck of the womb ; his treatment, based on this supposition, was most judicious, and proved successful in stopping the hæmorrhagic discharge. Cold, ergot, and the perchloride of iron would also prove valuable auxiliaries in our hæmostatic treatment of such cases.

Some authors consider tearing of the os uteri to be a frequent cause of post-partum hæmorrhage ; but whilst admitting that on some rare occasions it is the cause of considerable or even dangerous flooding, yet my experience does not justify me in asserting that it is by any means a frequent cause, or that lacerations of the uterine neck are commonly, or even usually, followed by any inordinate losses of blood. Still, it seems not unlikely that some of the cases of post-partum hæmorrhage that we meet with, in the presence of firm uterine contraction (the so-called Gooch’s hæmorrhage), may be due to a tear in the cervix uteri. This explanation has occurred to the minds of others as well as to my own, but I am not able to confirm it by any appeal to facts.

In the above case the woman had “several children” before, and sustained a large loss of blood from the arm as well as from the womb ; nevertheless, the os continued obstinately unyielding. My own experience supplies exactly parallel cases to this, which show that the mere loss of blood will not cause dilatability of the uterine orifice, as some authors state.]

She was long weak ; but by the assistance of the *Cort. Peruv.* and a nourishing diet, recovered.

The child was alive, and at the full time. (*Vide* Case 389.)

As I principally write for the instruction of young practitioners, I have inserted the following cases, sent me from gentlemen who formerly attended my courses of midwifery, as I think they may be also useful for the same purposes.

CASE 335.—*A Woman attacked with a Flooding ; the Placenta presented, and was extracted before the Child, which was delivered by the Feet.* Delivered by Mr. Gr—, who sent me this account.—In August, 1750, I was sent by Dr. Smellie to a patient, who complained of a violent



cough, which had continued eight or ten days, and was the occasion of bringing on a flooding, for which she had been blooded a few days before. She was of a thin habit of body, and sallow complexion, had a slow and weak pulse, which was now and then raised by fits of coughing.

That night I gave her ten grains of the *Pilulæ Saponac.*, and next forenoon she was considerably better both as to the cough and flooding. In the afternoon she was ordered to take two spoonfuls of a cordial and pectoral julap frequently; the pills were also repeated, by which means she rested very well that night: but next day the cough and flooding returned, for which I took about ten ounces of blood from her arm.

When I first examined, the os uteri was not in the least dilated; but this day she having had some slight labour-pains, it was open about the largeness of a sixpence. As she was costive, I ordered a glyster, which had its proper effect; and after that the following mixture, to strengthen and encourage the pains.

R *Pulv. Boracis* ʒij. *Tinct. Castor.*, *Croci* āā ʒj. *Spir. Lavend. Sal. vol. Oleos* āā *gt.* xl. *Aq. Cinnamomi ten.* ʒj. *Aq. Menthæ* ʒvj. *Syr. Croci* [ʒjss. *Cap. Cochlear.* ij *secundā quāq. horā.*

After this her pains came on stronger and more frequent; but all of a sudden she was attacked with a violent fit of coughing, which again brought on the flooding, and forcing down a large quantity of coagulated blood. In this emergency, I was sent for in a hurry, and found the os uteri largely dilated, the placenta presenting, and several lobes of the same separated from the membranous part, and lying amongst the coagula that had been discharged.

At this time she had no pains; and the midwife told me that the waters had been come off about an hour before I arrived: this was about one in the morning. Finding her



faintish, with scarce any pulse, and her extremities almost cold, with a clammy sweat upon her head and hands, I told the friends the danger she was in, and the necessity of delivering the patient directly. Having put her in a supine position, and ordered everything necessary to be in readiness, as the placenta lay in my way, I first brought that away, then turned and delivered the child by the feet with great ease till I came to the head, which, as it was large, stuck in the passage, until I introduced one of my fingers into the mouth, and depressed the lower jaw, which assisted the head to come along with great ease.

On examining the child's body, I perceived it had been dead many days, from the livid appearance of the same, but more especially from the scarf skin being stripped off in several places.

As the secundines did not follow the delivery, I again introduced my hand, and brought them down, with the remaining part of the placenta; and ordered the patient some *Ol. Amygd. d.* and *Syr. ex. Althæa*, for her cough; also some *Ther. Venet.* with *Pulv. Gascon.* to warm her, and promote perspiration.

When I saw her next morning she was a little feverish; the lochia were in a small quantity, but her cough was much abated, and she had got tolerable good rest. To assuage the fever, and assist the uterine discharges, I ordered her to take repeated doses of the saline draught, sweetened with *Syr. Diacod.* which relieved her much; and by proper nourishment she recovered better than I expected.

CASE 336.—*Hæmorrhage from Placenta prævia; delivered by version; the woman died soon after from the great loss of blood.* (From Mr. Mudge, dated Plymouth, 1746.)—I was called to a woman in the forenoon, about half an hour after eleven o'clock; and was informed, that as she

was spinning in the morning at six, she found something gush from her with so much force, as made her suspect it to be the waters ; but on looking on the floor she found it was blood. She had continued flooding in that violent manner till I was sent for ; she was come nearly to her full time, but had not felt any pain through the whole.

The patient was lying on the bed, her whole body was pale, and had a livid appearance, covered with a cold clammy sweat, and without almost any pulse. I was showed a chamber-pot three parts full of pure blood ; and it was now pouring down in so great a quantity, that I imagined the only chance to save her life was a speedy delivery.

After acquainting the friends of the imminent danger, I examined, and found the parts greatly relaxed, and the head of the foetus presenting to the birth, which I passed with my hand to seek for the feet : but the first thing I met with was the placenta, quite detached, and lying loose in the uterus. This puzzled me at first, and made my coming at the membranes somewhat difficult and confused ; however, I got to them, tore them open, and taking hold of the feet, brought them down to the passage, and soon finished the delivery. On introducing my hand to bring off the secundines, I found the uterus not contracted, but lying like a loose unelastic bag in the abdomen.

The flooding stopped directly, and the woman seemed much revived. I gave her twenty drops of *Liq. Laud.* in a cup-full of mulled port wine ; but not having a sufficient quantity of blood left in her vessels to carry on circulation and vital secretions, she died in about half an hour after delivery.

CASE 337.—*A second Case of Flooding, delivered by Turning ; from the foregoing gentleman, sent me at the same time.*—This was another woman, nearly in the same cir-

cumstance as the former, with only this difference, that she had not lost quite so much blood.

When she sent for me, I found her flooding very fast. She was come to her full time, but had no pains, nor any appearance of labour. I gave her an opiate, and desired her to keep quiet in bed. This was about eleven o'clock in the forenoon; and when I called again, about half an hour after one, the hæmorrhage was not gone off, but rather increased.

The former case was too fresh in my memory to delay my assistance in this; I accordingly told the patient the great danger she was in, and that it was absolutely necessary to deliver her as soon as possible: with some little reluctance she consented.

Having introduced my hand into the uterus, I was very cautious of keeping up the waters. On insinuating my hand through the membranes, I raised the head, turned the child, brought down the feet, and perfected the delivery in a very few minutes; the placenta was in great part detached. The mother did very well, and the child was a strong healthy boy.

CASE 338.—*A third Case from the same. A Woman in the eighth month attacked with a Flooding; the Arm of the Child presented; delivered by Turning.*—A woman, who had bespoke me to attend her in labour, was seized with a violent flooding when seven months gone: on which account I took ten ounces of blood from her arm, ordered her an opiate, and desired that she should keep quiet in bed. The hæmorrhage abated, but returned next day; when it was again stopped by repeating the opiate, and ordering her a course of saline draughts.

For twelve or fourteen days, the patient continued to have frequent returns of the floodings, which were as often restrained by the above methods; at which period, being

sent for again in a hurry, I found the discharge violent, her pulse exceeding weak, her countenance pale, her eyes sunk in her head, and to all appearance she was in a dying condition. I immediately gave her a large opiate in a cordial draught, that it might have the full effect by the time the delivery was finished.

As soon as everything necessary was prepared, and the patient laid in a right position, I introduced my hand, and found the right arm of the child in the passage, which was easily and gradually pushed up into the uterus. This I found strongly contracted, the waters having, as they informed me, gone off three days before. With my hand I gradually dilated, until I reached the feet of the fœtus; and bringing them down with some difficulty, I finished the delivery in the usual manner, after giving the proper turns, that the fore-parts of the body should be towards the sacrum. I also had some difficulty in delivering the placenta.

The woman recovered; but the child died in a quarter of an hour after it was born.

CASE 339.—*A Fourth Case of Flooding, from Mr. M., in which the Placenta presented; Turning; Child's Arm broken.*—A woman being seized with a flooding in the morning, sent for me in the forenoon; she was come to her full time, and a week before had some appearance of the same kind.

She had no pains; her pulse was high and quick. I immediately took blood from her arm, ordered an opiate and some saline draughts. The discharge soon abated, and she remained without any appearance, till seven in the evening, when I was called in a great hurry by a servant, who said her mistress was dying; and was met by another in the way, repeating the same exclamation.

On my arrival, I indeed imagined the patient was just



a-dying ; her pulse was so low, that it could scarcely be felt to move ; her face and arms were covered with a cold sweat ; her eyes had lost their lustre, and the blood was pouring from the parts.

As nothing but instant delivery could give her the least chance, I informed the husband of the circumstance. He consenting, I then seated myself, and having introduced my hand into the vagina, found the os uteri much to one side and so little dilated, that I could scarce introduce my fore-finger ; but by stretching the same gradually, and slipping in one finger after another, I at last dilated it so as to receive my whole hand. The first thing I met with was the placenta fixed to the mouth and anterior part of the womb, but separated on the back part : I broke through it, tore open the membranes, and taking hold of the feet of the child, brought them down to the passage, and with great ease finished the delivery ; but in the hurry to save the woman's life, one of the child's arms was broke, which I afterwards reduced ; and it proved a stout hearty boy.

The patient recovered, contrary to the expectation of all present ; and both she and the child, I am persuaded, must have inevitably perished, if this method had not been taken, or even if it had been longer delayed.

I again repeated the opiate in a cup of mulled wine ; notwithstanding which, in about five or six minutes after, a fainting fit had nearly carried her off. To prevent any further discharge, which, though trifling, she now could not bear, I ordered cloths, dipped and wet with vinegar, to be applied to her back, and over the belly. The woman was of a thin habit, and tender constitution.

CASE 340.—*Delivery of a Woman, attacked with an Uterine Hæmorrhage ; Delivered by Turning.* (In a letter from M. A. dated E., 1751.)—A woman, aged 40, and seven months gone with the seventeenth child, was threat-



ened with a flooding, for which she was blooded, and confined to her bed for four weeks; after which the hæmorrhage returned, and continued, though not violent, for two days; on the third, at three in the morning, the blood came away in a torrent, and overflowed the whole bed.

When I arrived, which was about five, the patient was faintish, with scarce any pulse to be felt; on which I intimated the great danger, and that it was absolutely necessary to deliver the child as soon as possible.

When everything was prepared for that purpose, I examined, and found the os uteri not sufficiently dilated; however, I got hold of a foot, and pulled it down, without searching for the other, and delivered the child with great ease, having neither been obliged to bring down the remaining leg nor arms.

The child was large and healthy, according to the woman's time of reckoning; the hæmorrhage, though not violent, continued two days longer, and the mother recovered.

CASE 341.—*A case of Flooding, in which the Placenta presented; Turning; Death of Patient.* (In a letter from Dr. D. dated T., 1750.)—He was called to a woman in the eighth month of her sixth child, who had been subject to floodings for two months before. The nurse showed him the bed-pan, in which was about two pounds of coagulated blood; and on examining the patient, the vagina was full of the same; the os uteri was lax, and open about the breadth of half a crown; but he was at a loss at first to know what presented.

As the patient was excessively weak, faint, and low, he was afraid she would expire under his hands. He told her friends, that the only way to save her life was a speedy delivery; however, he tried to raise her spirits with gentle cordials; a glyster was also administered, with a view to

assist the pains, which were but trifling; and when it operated, the coagula were forced from the vagina.

As the flooding still continued, he had the patient placed in a supine position; and having introduced his hand into the vagina, found the placenta presenting; after which, with great ease, he dilated the os uteri, slipped up his hand on the outside of the membranes, and with some difficulty tore them asunder. Although he found the head of the child presenting, he durst not, as the woman was lying like a corpse, wait for a natural delivery, but immediately turned the foetus, brought down the feet, and with little difficulty delivered the body and head, which were very slippery and flabby, the child appearing to have been dead several days.

He with some difficulty separated the placenta from its adhesions, and was agreeably surprised that there was no sensible flooding; all present were delighted to find the patient so sensibly recovered and cheerful after delivery.

He ordered a gentle opiate to allay the after-pains, which had the desired effect; the lochia were sufficient, and in short everything was to his wish; but a fever intervened, with irregular horrors and rigors, attended with singultus, delirium; and in spite of all endeavours, she died on the fourth day after delivery.

The doctor being desirous of my opinion as to his conduct in this case, and two others, which are inserted in Collect. XXVIII, Case 261, and XXXIV, Case 374, I sent him the following answer.

SIR,

Your conduct and method of treating the three cases of midwifery, which I received with your letter some posts ago, gave me great satisfaction. The first, where the arm of the child presented, has no doubt convinced you, that it is only losing time, as well as fatiguing the patient and

yourself, to try to alter a preternatural position into a natural, when the waters are discharged, and the uterus strongly contracted, and embracing the body of the fœtus.

As to the case of flooding, it was indeed enough to damp your spirits, and even to have had the same effect on an old experienced practitioner. No doubt the woman retrieving her spirits and strength after delivery, gave you great hopes of her recovery ; but the issue shows the uncertainty of human endeavours, and that we should never be too secure. I commonly, in such cases, to prevent and carry off a fever from inanition, order repeated doses of the bark.

Your management of the third case was also very proper ; and, as you observe, the forceps should never be used but when absolutely necessary. Indeed, when the head is so low in the pelvis, that you are certain of succeeding, and the pains gone, or too weak to force out the same, that instrument supplies the place of hands, when the fingers slip and cannot take a proper hold ; but even then, the head ought to be brought along in a slow manner, and as the pains would have acted, if they had been sufficiently strong.

Dear Sir, go on and prosper, and continue to write me when any more difficult cases happen in your practice, which will much oblige, Yours, &c.

[Smellie's observation here, that "the forceps should never be used but when absolutely necessary," is only in accordance with his opinion elsewhere expressed, and completely vindicates him from the charge, sometimes brought against him, of precipitancy in resorting to the assistance of the forceps. When we consider the consummate skill he possessed in the use of this instrument, and the signal success attending its employment in his hands, it is really surprising with what guarded reserve he speaks of it, and how cautiously and prudently he used it. In this respect his precepts and example deserve prominence at the present time, when the prevalent tendency is to use the instrument, not merely when it is

“absolutely necessary,” but, on the contrary, to use it nearly as soon as its application is barely practicable. Will it prove to the advantage of lying-in women, and help to lessen the mortality of childbirth, if one in every five or seven be delivered in this way ?]

NUMB. 3.—*Women attacked with Convulsions; the Children delivered in the Preternatural Way.* (See also Cases 165, 166, 167, 233, 234, and 264.)

CASE 342.—*A Woman in labour in Clare Market attacked with violent Convulsions, in the year 1745, and delivered by turning.*—A midwife sent for me in the morning to a patient whom she had attended all the foregoing night; and who, without any accident, or previous warning, was all of a sudden thrown into convulsion fits. At first they only returned every two or three hours; but afterwards more frequently. The woman had all along been stupid and senseless.

The midwife told me, that the patient was in the beginning of the ninth month of pregnancy; that she formerly delivered her, when she had an easy time, and no such complaint; that the mouth of the womb was a little open; but she had not found anything like labour-pains.

Soon after I came, she fell into a fit; during which I examined, and found the os uteri a little open, and that the convulsion seemed to act with the same kind of effort as a labour-pain. As her pulse was full, I ordered ten ounces of blood to be taken from her arm, and a blister to be applied to her back. No medicine could be given internally, as she could not swallow any kind of nourishment since the first attack.

In about four hours I was again called, on account of the convulsions recurring more frequently and violently; and found the os uteri softer, and much more open. Although, as before observed, there was no appearance of labour, yet the violence of the agitations and strainings in



time of the fits, might have proved sufficient to deliver the child ; but I was afraid it was dangerous to allow the convulsions to go on longer; and was persuaded that a speedy delivery was the only probable method to save the patient, as well as the foetus.

After informing the friends of the danger, and the necessity of relieving the woman by delivery, and having placed the assistants to keep her in a firm position, I with great ease introduced my hand through the os uteri, broke the membranes, turned the child, and delivered it by the feet.

The child was alive, and the mother had not another fit after the delivery ; but she remained stupid and senseless for three days, then became gradually more and more sensible, and would not believe for some time that she had been delivered.

CASE 343.—*A Primipara nearly in the same Condition with Convulsions ; but lost, from delaying the Delivery, by Turning, too long.*—The same, or the following year, I was called to a poor woman near the Seven Dials ; and was told by the midwife, that the patient was come to her full time, that labour was just begun, and at every pain she was thrown into a violent convulsion fit.

The pains were not frequent, she was sensible between the fits, the os uteri was a little open, and the head of the child presented. As her pulse was quick, I ordered twelve ounces of blood to be taken from her arm, and a large blister to be applied on her back, betwixt the shoulders ; a glyster was also administered, which gave her a plentiful passage.

This was in the morning ; and I desired the midwife to send for me if the fits did not abate, or return with greater violence. In about two hours after I left the house, they again sent for me ; but being then engaged with one of



my own patients, I sent one of my oldest pupils; and desired him, if the convulsions did not abate, to deliver the woman immediately.

At first he found the patient in a dosing or comatose way; but soon after she was attacked with a violent convulsion fit: he told her friends that it was absolutely necessary to deliver her immediately, and that I had recommended this method to save her life, which was in imminent danger: the midwife was of the same opinion; but the woman's husband and sister would not consent, or allow him to do anything until I could come to her assistance.

On my arrival in the evening, I found the patient was in a comatose state, and now quite insensible; the fits more frequent, with tremors and *subsultus tendinum*. On this I told the friends the uncertainty of saving her; and was sorry to find that they had prevented the gentleman from assisting before it was too late.

They now begged that I would do all I could to save the woman, and allowed me to send for some more of my pupils: the gentleman who was with her in my absence, told me, that the convulsions had dilated the os uteri a little every time; however, it being her first child, it required some force and time before I could stretch it so as to pass my hand into the uterus: this being effected, and having broke through the membranes, I brought down the legs, and delivered the child; but have forgot whether it was alive or dead.

This case was not so fortunate as the former; for although the placenta came easily along, and the uterine discharge was sufficient and moderate, yet the convulsions were not restrained; but becoming more frequent and violent, carried her off in two hours after delivery.

CASE 344.—*A Woman in labour of her first Child, attacked with Convulsions after the Membranes were broken; Version.*—In the year 1746, I was sent for by a midwife, who told me that her patient's labour had gone on exceedingly well until the waters came off; but soon after that happened, she was attacked with strong convulsions, which went off, and returned every time when a labour-pain began to come on.

The os uteri was sufficiently dilated. The head of the foetus presented at the brim of the pelvis. The woman's pulse was very quick, and her face uncommonly florid; on which account twelve ounces of blood were taken from her arm. But finding this avail nothing, and the convulsions growing more violent and frequent, and the head not advancing in the least, I thought it most expedient, in this uncommon case, to deliver by turning the foetus; which I easily performed as the waters were not at all discharged from the uterus.

The child was alive, and the woman had not another fit after delivery.

CASE 345.—*Another case of Convulsions of the same kind; the Child presented with the Face, and was delivered by Turning.*—In the year 1749, a young woman, come to her full time, was taken with violent convulsions when she fell in labour; for which she was immediately blooded, and a glyster was given, which had the desired effect. Nervous medicines and opiates were also administered; the last to allay the pains that seemed to bring on the fits; for every time a labour-pain came on, she was thrown into convulsions.

The os uteri was open about the breadth of a crown piece, and a hard unequal substance presenting, at first made it uncertain what part of the child presented.

She was ordered to drink plentifully of weak green tea, and barley-water with *Sal. Nitri*, sweetened with syrup of

*Althæa.* In about three hours after this prescription, the os uteri was much more dilated; and on examining, I found that the forehead and eyes of the child presented; the violence of the fits had abated after the bleeding and the opiate; but were now grown stronger, and more frequent.

In these dangerous circumstances, dangerous both from the convulsions and bad presentation of the child's head, I thought it was wrong to delay the delivery any longer. All present being made sensible of her situation, I had the patient kept firm in bed in a supine position, and gradually dilated the parts; which required time, and a good deal of force; but as the waters were all gone, I could not alter the position of the head; on which, and not without a good deal of force also, I brought down the feet of the child, and delivered, though not without greater fatigue than I expected.

The child was alive, and, as in the former case, the woman had not any more fits after the delivery. She soon fell into a sound sleep, and recovered.

When I first introduced my hand into the uterus, and found it strongly contracted to the body of the child, I knew it would require great force to turn it, supposing that the wrong presentation prevented the head from coming along, I made the trial to turn down the vertex: but that failing, I delivered in the preternatural way.

[The salient points of treatment of these four cases of puerperal convulsions were the same, viz. bleeding from the arm and delivery by version. Some authors strongly disapprove of turning, except for transverse presentation, in cases of eclampsia, fearing lest the irritation of the uterus by the hand of the accoucheur might aggravate the fits. The above cases alone should suffice to refute any such general precept, since three of them recovered, and the fatal result in No. 343 was clearly due to the too-long-delayed interposition of art. Where the membranes are already broken, however, as in Cases 344 and 345, the employment of the long forceps by

competent hands might be preferable to turning. The great importance of emptying the uterus as soon as practicable after the occurrence of eclampsia, was a principle strongly impressed on the mind of Smellie, as shown by his treatment of the foregoing cases. Beyond all doubt he was right; and when by turning we can deliver at an earlier stage than by the forceps we should not hesitate giving to the woman and to the infant this increased chance of success. I once saw turning performed under apparently the most desperate circumstances, where the patient was insensible after a prolonged series of fits, the os uteri not fully dilated, and the waters discharged; yet, after the emptying of the uterus the fits soon ceased, and though consciousness did not return for many hours, yet eventually the patient made a perfect recovery. It was her first pregnancy, and the fits had seized her before any symptoms of labour showed themselves. In Drs. Sinclair and Johnston's report of the Dublin Lying-in Hospital I find two cases of convulsions (Nos. 53 and 58 in table), in which delivery was accomplished by version.]

---

## COLLECTION XXXIV.

(*Vide* Vol. I, page 325.)

OF PRETERNATURAL DELIVERIES, IN WHICH THE MEMBRANES WERE BROKEN, THE WATERS EVACUATED, AND THE UTERUS WAS CLOSELY CONTRACTED TO THE BODY OF THE FÆTUS.

(*Vide* Anatomical Tables 31, 32, and 33.)

NUMB. 1.—*The Body of the Fætus compressed in a round form.*

CASE 346.—*The Fore parts of the Child presenting ; the Feet, Hands, and Funis in the Vagina.*—Being called in the year 1743, to a woman in St. Alban's Street, I was told by the midwife, that a great quantity of waters had come off suddenly ; and as the child did not present fair for the birth, she had desired my assistance.

On examining, I found the hands and feet presenting, and come down into the vagina, together with the funis umbilicalis, in the arteries of which there was a strong pulsation. This last circumstance I did not mention, because this being the woman's first child, I did not know whether it could be saved in the delivery. I had learned, by experience, that if the child is mentioned to be alive, and afterwards perishes in the birth, the mother grieves, and imagines it is lost by the unskilfulness of the practitioner.

As the patient was then in bed, and lying on her left side, I tried to deliver her in that position ; but being pre-



vented by her flying from me, I was obliged to turn her on her back, and across the bed, with her breech to the side, and her legs supported by two assistants.

Having confined her to this advantageous position, I gradually introduced my hand into the vagina, and in a flattened form slipped it up backwards, between the sacrum and those parts of the foetus that presented, into the uterus: there I found the breech lying at the left and the head at the right side; but not so low as the breech.

As the legs were lying double in the vagina, by hooking two of my fingers on them, I brought them and the thighs down; and the child being small, the body and head were easily delivered (as described in Collect. XXXII, Cases 303 and 304), by which speedy delivery the child was saved, and the mother relieved from danger. The placenta separated, and was soon forced down into the vagina by after pains.

[Saving the child under the circumstances of the above case was very creditable to his management, and was mainly attributable to the speedy delivery; but as the feet were in the vagina, there surely was no necessity for passing the hand into the uterus, merely to ascertain the position of the child; and doing so must have put the patient to some additional pain.]

In every case of operation Smellie took particular pains to determine beforehand the exact position and attitude of the foetus. His mechanical turn of mind, and aversion to everything approaching to empiricism, prompted him to this course; and in most cases of turning and instrumental delivery, it was undoubtedly a rational and safe course to adopt; but sometimes, as in the foregoing case, the rule may have been pressed a little too far.]

CASE 347.—*The Feet and Hands presenting; the Body of the Child being brought down, the Head was delivered with the long double-curved Forceps.*—In the year 1755, I was called to a case, in which the child presented nearly in the same manner as the former; only the funis was not

fallen down into the vagina ; but after the body was delivered, the head of the child stuck at the brim of the pelvis, on which I made several trials to bring it down into the vagina ; but finding the child was alive by the pulsation of the arteries in the funis, I was afraid of overstraining the neck, if I repeated these trials and increased the force.

The patient being in a supine position, I introduced a blade of the long forceps, that were curved to one side, up along each side of the pelvis, while an assistant held up the body of the child to give more room for their application ; and having fixed them on the head, and joined the blades of the instrument together, I introduced two fingers of my left hand, and fixed them on each side of the child's nose, while my right hand pulled the head with the instrument, and delivered it safely.

These two successful cases gave me great hope, that the above method would be of great service to save the lives of many children, who are generally lost by overstraining the neck in delivering the head ; but a third, in which I failed, showed, that we ought never to trust too much, or be over sanguine, with respect to any particular method of practice ; but vary the same as we find it necessary.

[The two successful cases here alluded to, are the above (No. 347) and No. 352, the latter of which occurred about two years before the other. The history of a third case—the one in which he tried the long forceps and failed—is not recorded, but seems to be the same as that alluded to in the last paragraph of Case 352.]

However, although I have not had an opportunity of making any more trials of that kind ; yet as I succeeded twice, the practice is advisable ; especially when we are certain that the child is alive from the pulsation of the funis, or motion of the body, or would prevent overstraining the neck, or avoid using the crotchet. (*Vide Table*

XXXV of the Anatomical Figures, also the preface to the first volume of Cases.)

(*Vide* Cases 350 and 352.)

CASE 348.—*The Legs, Arms, and Funis forced down into the Vagina ; the last hanging without the Os Externum ; no pulsation in the Vessels.*—In the year 1750, I was called to a woman in labour ; the waters had come off long before, and the midwife had tried to deliver the child ; but failing in the attempt, had again folded up the legs and arms into the vagina along with the funis, with a design to keep them warm till I arrived.

As the patient was in bed, and lying on her left side, I sat down behind her, and found in time of a pain the funis pushed down, without the os externum, and there was not any sensible motion in the vessels.

This not being the woman's first child, and the midwife having also sufficiently dilated the passages, I with great ease introduced my left hand along the back part of the vagina into the uterus, and found the head of the foetus above the pubes, a little to the right side : the breech was to the left side, and higher than the head.

I brought the legs down from the vagina, and wrapping them in a cloth, tried to pull down the thighs and body ; but the head being so low prevented their descent : finding the foetus large, I turned the woman into a supine position as in the former case.

I then took hold of the legs with my right hand, and introduced my left up the right side of the pelvis to the head of the child, and while I pushed it up to the fundus uteri, pulled down the legs farther : by which method the breech was brought lower, and the head prevented from returning to obstruct the delivery of the body. When the thighs were brought without the os externum, I turned the foreparts of the child backwards ; but afterwards it required

a good deal of force, when the body was brought out, to deliver the head ; and indeed if the child had been alive, it would have run a great risk of being lost from the overstraining of the neck.

CASE 349.—*The side of the Hip presenting ; the fore parts of the Child to the back part of the Uterus ; one Leg brought down and so delivered.*—In the year 1746, I was called to a woman who had been long in labour, and was told by the midwife who attended her, that after the membranes broke, she felt something like the head of the child ; but when forced lower down she found it some other part.

On examining the part that presented, it felt very much like the shoulder-blade ; but on the midwife's informing me that some of the child's purgings had come down on the clothes, and examining a second time, I found it was one of the hip-bones.

Being informed this was not the woman's first child, and finding her much exhausted with the length of the labour ; that the parts had been largely dilated by the midwife before I arrived ; and learning, on inquiry, that her former labours had been quick and easy, I thought it was pity to keep the patient longer in that distressed condition.

Having ordered everything necessary for the delivery, to be in readiness when wanted, I had the patient firmly secured in a supine position ; and on introducing my hand found the left hip presenting, the shoulder and head near the fundus uteri, to the right side, and the legs and arms backwards.

This examination being made, in a slow and gentle manner I first tried to bring down both legs ; but finding them entangled with the funis, and the child alive, I could only bring down the left foot, which was the lowest ; this being very slippery, and the uterus strongly contracted,



my hand was so cramped that I was obliged to grasp the foot between two of my fingers to bring it without the os externum.

I afterwards brought down that leg and thigh, and tried to bring the other also; but was prevented by a strong pain that forced down the left hip into the pelvis; upon which I introduced two fingers of my right hand, and hooked them in the back part of the child's right groin. Another pain coming on, by pulling at the left leg with my left hand, and at the above hold with my right, I delivered the child safely, as described in the breech cases.

The child lay some time before it began to breathe, but at last recovered, to the great joy of the mother, who had lost all her three former children in the small-pox.

[By "the side of the hip" presenting, I presume he means the ilium; the same as occurred in Case 356, but is there called "the haunch." See annotation at p. 313 of Vol. I.]

CASE 350.—*The left Shoulder presented; after the Body was delivered, the Head stuck in the Pelvis. The short Forceps were tried; but not succeeding, it was brought down with the Hands; Child dead born.* (In the year 1750.)

—The head, in this case, was to the right side of the uterus; the breech on the left, near the fundus, with the arms and legs backwards, as in the former case; but as the uterus was not so strongly contracted, some of the waters still remained. I grasped the body with my left hand, and raising the head and shoulder to the fundus uteri, by which the breech was brought to the lower part, the legs with great ease were grasped and brought through the os externum.

In the meantime, the patient begged hard that I would do all in my power to save her child.

The midwife informing me, that the woman had lost one formerly which came in the wrong way, and I finding that



the child was alive by the motion of its legs, and that although it was not uncommonly large, the pelvis was narrow, resolved to proceed with great caution, and do all I could to save the foetus.

The patient was in bed lying on her left side: but on this information I had her moved into the supine position. Having brought down the body and one arm of the child which lay before the face, I introduced two fingers of my left hand into the mouth as in Collect. XXXII, and the fingers of my other over the shoulders; then trying to deliver, I could not move the head down after several gentle efforts in this manner. I let go my hold of the under jaw, and tried Deventer's method, by pressing down the shoulders to bring out the occiput from below the os pubis; but this failing also, and finding there was still a pulsation in the funis, I resolved to try the forceps.

I now desired the midwife to hold up the body of the child so as to give me more room for introducing that instrument: but it being too short, and the head above the brim of the pelvis, I could not fix them properly so as to render them of any use to assist the delivery. (*Vide* Case 381.)

This method failing, and the pulsation of the funis beginning to grow languid, I again took hold of the child as at first; but finding the under jaw like to be overstrained, I fixed a finger on each side of the nose, and standing up in time of a pretty strong pain, I exerted a good deal of force; the forehead of the child was backwards above the projection of the upper part of the sacrum, I had already turned it to the right side, to give more room for the head to come down.

Failing in this last attempt, I rested a little till another pain should return; but they being weak and seldom, and finding the pulsation at a stand, I again exerted greater force, by which I at last got the head delivered.

Every method was tried to recover the child as formerly

described in Vol. I, also in Collection XXXII, of this volume, but all to no purpose ; a miscarriage which was very grievous to the disconsolate mother.

CASE 351.—*The right Arm hanging down without the Os Externum ; Turning.*—In the year 1747, a gentleman called on me, when I was engaged with a patient, and desired me to come as soon as possible to his wife's assistance ; giving me to understand, that as she was stepping into bed, the waters had come off without any previous warning.

I desired him to send for the midwife who attended in her former labours ; telling him that I expected this labour would soon be over, and that I should come time enough to assist his wife, if there should be occasion.

The midwife accordingly was sent for, and arrived just in time to shift the patient, and put her to bed by the time I reached the house : she told me, that on examining, she found a foot lying in the vagina ; but I perceived it was an arm lying double, and I brought the hand through the os externum, to convince the midwife that it was not the part she imagined.

Although there had been no labour-pains that the patient thought were worth noticing, yet the parts had been so dilated before the membranes broke, that I easily introduced my hand into the uterus, and found the child's head above the ossa pubis, the fore part backwards, and a little to the left side.

After disentangling the funis umbilicalis, I brought down both legs ; but finding I could not bring the feet further than the lower part of the vagina, I slipped a noose over them, as described in my 'Treatise of Midwifery' (vol. i, p. 327) ; then taking hold of the fillet with my right hand, I introduced the other to the head, and pushed it up, while I pulled down the legs with the noose : by these

means the head was raised to the fundus, the arm that was down returned into the uterus, and the child was safely delivered.

[The difficulty here encountered is one occasionally met with, and may prove very embarrassing. Young practitioners are apt to think that the whole difficulty of turning consists in the passing up of the hand, seizing and bringing down the feet; consequently they are much disconcerted when they meet with any extraordinary resistance after this much has been effected. Bringing down both legs or the leg of the opposite side to the presenting arm lessens the risk of this non-evolution; but where the difficulty arises we should imitate the practice of our author in the above case. In Case 380 a similar difficulty, but of a more obstinate kind, was experienced. In the annotations at p. 328, Vol. I, I have made some remarks on this important practical point.]

I delivered this gentlewoman once before, when the case was much the same, and of several children afterwards: her belly was somewhat pendulous; and it was remarkable, that if the membranes broke while she lay in bed, the head of the foetus presented; but when in a sitting or standing position, it slipped over the ossa pubis, and the arm came down into the vagina. One lucky circumstance attended these; for after the membranes broke, the shoulder filled up the os uteri so exactly, that there remained a sufficient quantity of waters; by which the delivery was easily performed.

CASE 352.—*The Arm presented; the Pelvis narrow; the Child brought Footling, and the Head delivered with the long Forceps curved to one side.* (*Vide* Table XXXV of the Anatomical Figures, and Case 347 of this Collection.) In the year 1753, I was called by a midwife to a woman where the arm of the child was come down and lying double in the vagina. As the waters were not all come off, but kept up by the shoulder in the os uteri, I first tried to raise the arm, and bring down the head so as to present in the natural way.

I made this trial on finding the pelvis narrow, the pains strong, and the woman not weakened with the length of the labour ; but failing in this attempt, I raised the head and shoulder to the fundus uteri ; and after bringing down the legs and body, tried again and again to deliver the head in the safest manner.

Finding there was still a strong pulsation of the arteries in the funis umbilicalis, and being afraid of losing the child by overstraining the neck, although I had failed with the short straight forceps, as in Case 350, yet I resolved to try a longer pair that were curved to one side, to suit the curvature of the os sacrum.

They were contrived some years ago by myself, as well as other practitioners, on purpose to take a better hold of the head when presenting, and high up in the pelvis ; but I did not recommend their use in such cases, for fear of doing more harm than good, by bruising the parts of the woman when too great force was used. (*Vide* the Anatomical Figures, Tables XII and XVII.

The patient being in a supine position in bed, and two assistants supporting her legs, I found the forehead of the child was backwards, but a little to the left side of the lowest vertebra of the loins, which jetted forwards with the upper part of the sacrum, and gave more room for applying the forceps ; wrapping a cloth round the body of the foetus, I raised it towards the abdomen of the patient, which an assistant supported in that position.

Being properly seated, I introduced my right hand up the left side of the vagina, till my fingers reached the left side of the child's face ; then with my left hand I insinuated a blade of the forceps up to that part. As I withdrew my right hand to make more room, I slipped the blade farther, that the end of it might reach as high as the upper part of the child's head : then I moved it towards the left groin of the patient, that the blade might be over the left ear, which



was at that part; the part of the blade that was bent to one side was to the pubes; and the convex part was backwards, to suit the concavity of the sacrum. (*Vide* Table XXXV.)

My left hand was next introduced up the right side, betwixt the sacrum and ischium, and along on the inside of my hand the other blade, in the same cautious manner, over the right ear: having locked them together, I introduced a finger of my left hand into the child's mouth, to keep the face from turning upwards; then pulling the handles of the instrument with my right, and increasing the force, I brought down the forehead past the narrow part of the pelvis; and turning it backwards to the concavity of the sacrum, brought the head through the os externum, by pulling upwards over the pubes, to prevent a laceration of the perineum.

There was a small impression made by the forceps on the scalp, which dispersed soon after: the child was strong and healthy; and although I used a good deal of force, the mother recovered without any uncommon complaints.

Since my success in this Case, I had another of the same kind, in which the child was saved by the same method, in the year 1755. (*Vide* Case 347.)

Another occurred in the course of the same year, in which that trial failed on account of the uncommon largeness of the head and smallness of the pelvis; there I was obliged to withdraw the forceps and extract the head with the crotchet. (*Vide* Collect. XXXV.)

[The utility of the forceps, whether long or short, in head-last deliveries is to my mind a very debatable question; and Smellie seems to have used the instrument in very few of these cases with success. Cases 315, 350, 382, and the one just alluded to, were all failures. At p. 347 of Vol. I, I have offered some remarks on this interesting and important practical point.]

CASE 353.—*The Arm of the Child in the Vagina, and the Body lying in a round form in the Uterus; Delivered*



*by Turning.*—Early one morning, in the year 1736, I was called to a woman at some distance in the country. The membranes had broken the night before : the arm presented pretty much swelled, and part of it without the os externum. Finding it was the left, I informed those who were present of the circumstances, in order to anticipate all censure in case the child should not be delivered alive.

The woman was laid across the bed in a supine posture, two assistants supporting her legs, and another on the opposite side to support the head and shoulders, and prevent any obstruction from her hands and arms in time of the operation.

With much difficulty I introduced my left hand betwixt the swelled arm and the back part of the vagina to the arm-pit ; but it still required a good deal of force to raise the shoulder and head to the left side of the uterus, so as to allow room for my hand to pass on the right side, along the breast of the foetus, to the fundus, where I found the knees ; then hooking my finger in the hams, I brought down the legs into the vagina.

As the forearm was still in the vagina, I could not fix the noose over the ankles, but was obliged again to introduce my hand ; and by pushing up the shoulders and pulling down the thighs alternately, I at last, with much fatigue, raised the body higher. The arm being removed out of my way, I brought the legs without the os externum : the pelvis being large, the body and head were easily delivered. The swelling of the child's arm gradually subsided by the application of fomentations and cataplasms ; but for several days it could not move that limb.

One of the assistants told me, that finding the midwife pulling with a good deal of force without being able to deliver the child, they were alarmed, and would not allow

her to repeat these efforts till I came ; they supposed therefore this was the cause of the arm's being swelled so much when the child was delivered.

CASE 354.—*The Arm presented ; taken off by another Practitioner ; succeeded by Flooding and Death. Another Case, in which the Patient died undelivered.*—In the year 1729, I was called to a woman at the distance of eight miles from the place where I then lived ; she was excessively weak, could scarcely speak, and seemed to be in a dying condition.

The midwife told me apart, that the patient had been in labour two days ; that when the waters came off the child descended to the passage ; that as she could not, after many trials, deliver the body, they had sent for a gentleman famous in that part of the country for the practice of midwifery ; that after many efforts, and waiting several hours, he told the friends it was absolutely necessary to take off the arm to make more room for the delivery of the child ; that she had greatly assisted in helping him to twist it off from the shoulder, and made a great merit of helping the gentleman.

She informed me also, that the patient had lost a great quantity of blood all the time of the operation ; that all possible means had been used to separate the mother and child ; but as her time was come, all was done that could be done by any mortal.

On examining the arm, which the midwife brought out from under the bed, and observing it was not much swelled, I desired she would never boast of assisting in such an operation ; especially as it had done no service in forwarding the delivery.

The gentleman, who lived about four miles from the place, had left the woman before I was called, and desired to be sent for when the pains returned, that he might then

deliver her ; promising, in the meantime, to send her a cordial julap.

The friends after this information begged of me to deliver the woman if possible, and not let her go to the grave with the child in her belly. I told them that in all appearance she would very soon expire ; and as the child was certainly dead, it was a pity to torture her any more ; but as they were so importunate, and as there might be a chance of recovery, contrary to all expectation, and considering, that even though she should expire in time of delivery, it might be serviceable to the public to expose an ignorant pretender, who had acquired a great reputation, even in spite of several such blunders, I resolved to comply with their request.

Having ordered the woman to be put in the same position as described in the foregoing case, I expected it would require a great deal of force to turn the child ; but was happy to find, on introducing my hand into the uterus, that the resistance was inconsiderable. I raised the shoulder to the fundus, brought down the legs, delivered the child and the placenta ; which last being already detached, followed the body with a large coagulum of blood adhering to it : this last state of the uterus seemed to proceed from the great weakness of the patient.

Although before delivery, the woman seemed to be insensible and comatose, yet after being roused by the unexpected news of the child's being born, her drooping spirits revived, and she was able to express her thanks for my relieving her. All present were agreeably surprised to observe how easily the operation was performed, and sufficiently convinced of the ignorance of the other practitioner.

I immediately ordered a little caudle to be given frequently ; but although the flooding was now abated, she was so much weakened and exhausted with the length of

the labour, and great loss of blood, that she died the same night, in about two hours after I left the place.

Some years before this incident, when I first settled in practice, a woman who had formerly been delivered of several children, was taken in labour; the midwife being intoxicated with liquor, I was sent for, and found the arm of the child come down into the vagina: the patient had been many hours in labour, and a flooding had begun; but was abated after the waters were discharged.

I proposed to deliver by turning, and bringing the child by the feet; but that being a new method, and not known in the place, the midwife and assistants opposed it, and sent for an older practitioner, who undeservedly had also acquired some reputation in that branch; but instead of turning, he fatigued himself and the woman, by pushing up the arm to bring the head to present; and when that method failed, he tried to deliver by pulling at the arm.

Another gentleman was called, who lived at a much greater distance than the former; but the flooding had increased so much by the former violence, that the patient expired before his arrival; as he knew more of the practice, he regretted much that the method I had proposed was rejected.

CASE 355.—*The Haunch and side of the Child presented, with the Legs and Arms forwards to the Abdomen of the Mother; the Feet brought down.*—In the year 1734, being called to this patient, and examining, I found no part of the foetus; but after placing her in a supine position, and introducing my hand into the vagina, I felt through the integument the haunch-bone and the ribs: insinuating my hand farther into the uterus, I rested a little, and slowly examined the position, so as to be able to take the safest and easiest method to come at the legs, and turn the body of the child.



Finding the arms and legs lying double and forwards, and the ossa pubis of the mother preventing my hand from taking hold of the feet, I turned her from that position to her left side, and on introducing my hand reached the feet, which were easily brought down, and the child was delivered.

The woman had been two days in labour before I was called. She recovered, but the child was dead : as I forgot to examine the funis when the body was brought down, I could not determine whether it was dead before or lost in delivering the head, which required great force in the extraction.

CASE 356.—*The Haunch presenting ; the Body of the Child in much the same position as described in the former Case ; Delivery effected by bringing down one Foot.*—In the year 1752, I was called to a woman who had been long in labour, and on examining found, that either the shoulder or haunch presented. As she lay on her left side, I tried to introduce my hand into the vagina in time of a labour-pain ; but on her flying from me, and not keeping in that position, I was obliged to turn her to her back (*vide* Collect. XXV, Case 223), pretending that a supine position would assist the pains and the delivery.

The friends present informing me of her unmanageable disposition, I had her firmly held by three strong women ; then I introduced my hand, and felt the left haunch presenting, with the fore parts of the foetus to the right anterior part of the uterus.

Finding, as soon as I insinuated my hand into the womb, that the patient lay quiet, and did not make such violent efforts to move from me, and that in this position the pubes prevented my arm and hand from turning upwards and forwards, so as to take hold of the feet, I desired the assistants to turn her again to her left side.



During this movement I durst not venture to withdraw my hand, lest she should renew her violent efforts against me, and repeat the cries of murder, with which she had alarmed the neighbourhood.

Her breech being a little over the side of the bed, a pillow betwixt her knees, which were raised up to her belly and kept firm in this advantageous position, I stood behind her and began the operation : the pubes did not now prevent my hands going up to the fore part of the uterus ; but the womb being strongly contracted, I could only bring down one of the legs into the vagina. By fixing a cloth round the ankle, I moved the child with its head up to the fundus ; and being but small, it was easily and safely delivered.

[The presenting part in this case seems to have been the same as offered in Case 349, on which I have made an observation at p. 85.]

CASE 357.—*The Arm lying double in the Vagina ; the fore parts of the Fœtus to the anterior part of the Uterus : the Woman delivered according to Deventer's method, by turning her to her Knees and Elbows.*—I attended a patient, to whom I had been bespoke in the year 1745 ; the membranes were broken, and a large quantity of waters discharged before my arrival. The arm lay double in the vagina, and the os uteri was sufficiently dilated.

Having placed her in the side position across the bed, as described in Collection XXV, Vol. ii, Case 225, I by degrees opened the os externum, which, as it was her first child, required some time, by dilating it a little every pain. At first imagining the fore parts of the child were to the back part of the uterus, I introduced my left hand along the back part of the vagina, and in pushing up the arm and shoulder into the uterus to search for the feet, I found my mistake as to the position, and that they were at the fundus and anterior part.

Having withdrawn my left hand I introduced the right, and raising again the parts that presented, I pushed up my hand at the fore part of the uterus, where I found the legs, arms, and funis entangled with one another, that I could not disengage them with my fingers so as to take hold of the feet. This difficulty, joined with the strong contraction of the uterus, which I did not expect would happen so soon, when the membranes were so lately ruptured, so cramped my hand that I was obliged to withdraw it once more.

By these repeated efforts to force up the body, the placenta had been squeezed and loosened from its adhesion in the uterus, and a flooding was brought on. Observing this symptom, and considering that no time should be lost, I made a second trial in the same manner as soon as my hand recovered its former strength; but finding the same difficulty, I desisted from attempting any more to deliver in that position.

Having turned her on the bed to her knees and elbows, with her breech high and shoulders low, and she being supported by assistants in this position, I again introduced my hand, and found the contraction and pressure so diminished, that I at last, though with a good deal of difficulty, got one of the feet betwixt my fingers and brought it down to the vagina. By pushing up the body, and pulling down that limb alternately, the child was safely delivered; the placenta followed, and the flooding ceased.

CASE 358.—*The Child lying in a round form, the Back presenting, with the Head and Feet towards the Fundus Uteri; Delivered by podalic version.*—In the year 1746, a midwife sent for me to a woman in labour: she told me that the membranes broke soon after her arrival, and suspecting that neither the head nor breech presented, she had desired the husband to send for further assistance.

As the patient was lying on her side, I examined, and was of the midwife's opinion; but uncertain what part of the child's body was over the os uteri. She evaded my efforts in that position, therefore was turned to her back. Her breech was brought down to the foot of the bed, while two women supported her legs and kept her firm, to prevent her flying from me in time of operating.

On introducing my hand, I found the middle of the back presented, and that the shoulders were to the right side of the uterus. These I first tried to raise to the fundus; but as I endeavoured to come at the breech to pull it down from the other side, the shoulders returned.

Finding, after repeated trials, that this method did not succeed, I slipped up my hand along the back part to the fundus, where I found the feet; and as I pulled them down, the back turned upwards; after which the child was soon and safely delivered.

[Such a presentation I have never met with as a primary one; but I do not see any cogent mechanical reason why it should not occur. *Vide* p. 330 of Vol. I.]

CASE 359.—*The Belly presenting; the Funis Umbilicalis fallen down into the Vagina, and much tumified; the Head and Legs turned up to the Fundus Uteri; Delivered by podalic version.*—In the year 1750, I was called early one morning to a woman who had strong labour. The membranes had been broken the night before; although the midwife found the funis come down, and the child presenting wrong, yet she concealed these particulars, pretending that everything was right, that it must take a long time to deliver the child; and she would not allow any assistance to be called for until the friends insisted upon having further advice.

When a pain came on I examined, and found the funis come down without the os externum, pretty much swelled,

without any pulsation ; then following it up into the vagina, I felt its adhesion at the abdomen, and told the friends that the child presented in a wrong position, and was not alive. Hearing this declaration, they abused the midwife, and were about to expel her the house, if I had not interceded in her behalf, that she might assist the patient after delivery. (*Vide Collect. XLIX, Case 528.*)

As the patient lay on her left side, and the parts had been largely dilated, either by the midwife, or membranes, before they broke, I with great ease introduced my hand, and felt the fore part of the thighs at the left side of the uterus ; and tracing up higher, I got hold of the legs, which I could not then bring down because of the great contraction of the uterus.

My hand being cramped, I brought it lower, and after resting a little, tried to push up the breast and bring down the thighs ; but this did not alter the position of the child sufficiently ; and the patient not being kept properly in the side position, I was obliged to turn her to her back. Then introducing my hand along the back part of the uterus to the fundus, I took hold of the legs, and pulling them downwards, the fore part of the thighs and belly turned upwards, by which means the body was brought down : but the child being large, the head was delivered with some difficulty.

[Presentation of the umbilicus has never fallen under my observation or come within my knowledge, and its bare possibility seems incredible, except in the case of a foetus soft and flaccid through advanced decomposition. I find more difficulty in accepting the fact of its occurrence than that of the back, as in Case 358 ; and the source of this difficulty is as follows :—In presentation of the navel the trunks and thighs must be extended backwards to an extreme degree, which is quite contrary to the attitude assumed by the foetus *in utero* under any other presentation whatsoever.

Whilst on this subject of foetal attitude, I may mention here a very curious case I recently met with, and which has no parallel



in my experience. The patient was a very small-sized young woman, pregnant of her first child ; the labour was tedious, the head slowly changing from the third to the second position. Immediately on the head's clearing the vulva, and the arms being brought down, the toes of the child appeared beside the neck, the dorsum of the foot resting on the clavicles. On my making some traction, the extrusion of the body soon followed. The child was a male and cried lustily. The feet and legs were well made, but the latter inclined forwards towards the front of the thigh, in a way I never before saw in any child ; in fact, the legs were flexed *anteriorly* instead of posteriorly, and that they must have held this unnatural position for some time was evidenced by the deep furrow or crease in the skin a little above the knee-joint, and corresponding to the angle of flexion. Whilst in this state of undue extension, with the front of the leg nearly approaching the anterior part of thigh, the condyles of the femur formed a perceptible prominence in the popliteal region. Attempts to flex backward the leg, in the normal manner, at first met with resistance, and seemed to give the child uneasiness. The osseous constituents of the joint were present, but the ligaments must have been unusually relaxed to admit of such free motion. Mr. Butcher saw and examined the limbs of this child a couple of days after birth, and concurred in the view I had taken.

By careful attention to the legs, and keeping the knees in a flexed position, the natural movements of the limbs were recovered in the course of some days. Cold sponging of the knees with a strong solution of muriate of soda was also employed two or three times a day, so as to strengthen the joints and bring about contraction of the ligaments.]

CASE 360.—*Arm presenting ; one lying double in the Vagina, part of the other without the external parts ; the Delivery performed with the Noose, after bringing down feet.* 1743.—Soon after the membranes were broken, I was called to this case, and found the breast of the child forced down into the upper part of the pelvis ; expecting it would require strength to raise and pass it so as to come at the legs, I had the woman laid in the supine position.



Wrapping a cloth round the right hand and forearm of the child, that was protruded without the external parts, I took hold of it with my left hand, and introduced my right up the back part of the vagina ; then unwrapping the cloth, and letting go my hold, I pushed up both the breast and the other arm into the uterus, where I found the head and neck above the pubes, the thighs and legs lying double at the left side ; which last were easily brought down into the vagina.

After resting a little, I endeavoured to move round the body of the foetus, by alternately pushing up the breast and pulling down the legs : but finding this only fatigued the woman as well as myself to no purpose, I introduced the noose, and fixed it slowly over both ankles, not without some difficulty, as the feet were still pretty high in the vagina.

Having at last got it firmly fixed, I twisted it around my right hand, and introduced my left, with which the breast was raised towards the fundus on the right side, while the legs were pulled down by the noose from the left, without the os externum ; then taking hold of the ankles with my right hand to prevent their being overstrained, I raised the body of the foetus higher with my left, and by continuing to push up and pull down alternately, the head and shoulders were raised to the fundus uteri, the arms returned into the womb, the breech was brought down into the vagina ; then both mother and child were safely delivered.

CASE 361.—*Twins ; the Arm and Shoulder of second Child forced down without the external parts. Version.* 1746.—This patient had been delivered by a midwife in the evening, and when I was called next morning, I found the right-arm and shoulder of a second child forced or pulled down without the os externum. The arm was not

tumified ; but as no pulsation could be felt at the wrist, I imagined the child was not alive.

The neck, shoulder, and some of the ribs, as well as the arm, being all without the external parts, I was afraid that it would be impossible to force up these parts of the child into the uterus so as to turn the foetus and bring down the legs : this method, however, I resolved to try first ; but if that did not succeed, then to deliver in the manner recommended by Celsus in such cases ; viz. to divide the neck, and bring the divided parts separately.

Having ordered the patient to be properly held in the supine position, I tried to force up the shoulder, and was happy to find that, the child being small, all the protruded parts returned easier than could be expected into the uterus : then I brought down the legs and delivered the child ; which being alive, I was glad that I had not been obliged to fly to the last resource.

[The fact above stated of “the neck, shoulder, and some of the ribs, as well as the arm, being all without the external parts,” leaves no doubt on my mind that this foetus would soon have been born by the natural efforts, after the manner described by J. C. Douglas, under the name of “spontaneous expulsion” (see p. 339, of Vol. I). The child being a small twin, greatly favoured the occurrence of this process of delivery. It is remarkable that with the child so low in the pelvis Smellie was able to push back the parts, and to effect podalic version.]

NUMB. 2.—*The Children lying with the superior parts to the Os Uteri ; the Feet and Breech to the Fundus ; the Waters evacuated, and the Uterus contracted in form of a longish sheath.*

CASE 362.—*The left Shoulder presented ; the fore parts of the Fœtus to the right side of the Uterus.*—In the year 1737, I was called to a woman in labour. The waters were discharged the day before my arrival. On examining, and

finding the head of the child did not present, I had the patient laid in a supine position across her bed : introducing my right hand into the vagina, I felt the shoulder ; and in raising it, observed that the fore parts of the foetus were to the right side of the uterus, and the head turned up above the pubes.

On this information, I was obliged to withdraw my right hand and introduce the left : while I tried to insinuate it betwixt the breast of the child and the right side of the uterus, I found this last so strongly contracted, that I was obliged to bring my hand lower, and push up the shoulder and head to the left side, to give more room for my hand and arm ; these parts not moving round, I again forced my hand up along the breast, and by degrees reached the thighs and legs, which were folded double on the belly of the foetus.

As my hand began to be cramped, I rested a little ; and the strength of my arm being somewhat recovered, I pushed up my hand farther and farther, to make more room for taking hold of the ankles : this I at last accomplished, and brought the feet down to the lower part of the uterus : but the great force which I exerted loosened the placenta, and brought on a flooding. Having withdrawn my left hand, I introduced the right, with which, by pushing up the shoulder, and pulling down the legs alternately, I at last moved the body round, and the child was delivered, but not without changing hands three or four times, which were much squeezed and cramped by the strong contraction of the uterus ; I was also, during the operation, obliged to alter my own position, from sitting to kneeling and standing alternately, as I found it necessary.

The placenta followed the delivery, and the flooding ceased ; the child was alive, contrary to my expectation, considering the great force and squeezing on the breast and abdomen before I could bring down the legs.

The patient being a strong healthy woman, was not sunk by the flooding; which was of service in relaxing the uterus, and by emptying the vessels, helped to prevent an inflammation.

CASE 363.—*The Right Shoulder of the Child presenting; the Legs against the fore part and Fundus Uteri; Delivery assisted by the Noose; Pelvis narrow; Version accomplished with difficulty.*—In the beginning of the year 1753, I was called to a person whom I had delivered twice before. To outward appearance she seemed very well formed for bearing children; but her being sickly and tender in her infancy, was the occasion of a narrow and distorted pelvis.

The distortion here differed from what I had observed, for the most part, in other cases of that kind. The bad formation is generally from the projection of the lowest vertebra of the loins and upper part of the sacrum, and may be distinguished by examining with a finger. In this patient the distortion arose from the three lowest vertebræ of the loins bending forward, and could not be felt till after delivery, except in this last case, where I was obliged to bring down the legs of the child, and deliver in the preternatural way.

In her *first* labour, when about five and thirty, she was attended by a midwife; and it proving laborious, a gentleman was called, who was obliged to open the head and extract with the crotchet. In her *second* pregnancy I was bespoke; and as the head of the child presented, I managed the labour from the beginning in a slow and cautious manner; but although the child was small, I with the greatest difficulty saved it by the assistance of the forceps. When I attended in her *third* labour, with the same caution and patience as in the former, I could not save the child, which was larger; but found myself obliged to use



the same method as the other gentleman had taken in delivering the first, to save the patient's life.

When bespoke to attend a third time, I was under no small anxiety on account of the difficulty that attended her labours ; but more so, when called and examining, I found that the head of the child did not present. The membranes had not broken, but in time of a labour-pain were pushed down to the lower part of the vagina ; and the mouth of the womb was largely dilated.

After considering the case, I resolved to try in time before the membranes broke and the waters came off, either to bring the head to present, if large, or if the child was small, to bring down the feet and deliver in the preternatural way ; but while the bed was preparing, a strong pain came on which broke the membranes, and a very large quantity of waters was discharged on a sudden, the patient being in a standing posture.

The nurse having put her to bed, her breech was brought down to the feet of it, and she was laid on her left side ; this position being most advantageous on account of the projection of the distorted bones, which would have prevented my hand's going up if she had been in the supine position.

Having seated myself a little behind the patient, I introduced my right hand into the vagina. The shoulder presenting, and the head to the right side of the uterus, I endeavoured to push up the first and bring down the last, to present in the natural way ; but finding the strong contraction of the uterus prevented my raising the shoulder sufficiently, and that the slipperiness of the head evaded my fingers, so that I could not alter its position, I gave up all hope of succeeding in that manner ; for when the membranes broke, the distorted bones prevented the shoulder's coming down to fill up the passage, and keep up some of the waters.



Finding the contraction of the uterus so strong, and the strainings of the patient so great, that I could not reach the feet, I caused her to be turned to her knees and elbows, to prevent further strainings : while she was kept firm in this position by the assistants, I introduced my hand again, and finding the resistance less, I pushed it up gradually along the fore part of the uterus, where I found one of the legs, which I brought down ; then pushing up the shoulder and pulling the limb alternately, as in the former case, I extracted it without the os sacrum.

By this time I was pretty much fatigued, and rested a little. The woman complaining of the uneasy position, I had her again turned to her side : having fixed a noose round the ankle, and twisted the other end of it round my right hand, I introduced my left to the face and fore part of the neck and breast of the child, which were at the under part and right side of the uterus : by pushing up these, and pulling at the same time the legs down with the noose, I brought the breech lower, and the head, with the breast, to the upper part of the womb.

Having withdrawn my left hand, and considered that there was still a greater difficulty to overcome in order to save the child's life, by bringing the head through the passage of these distorted bones, I moved the patient into the supine position. This alteration afforded more liberty to operate with safety than could be procured in any other.

Wrapping a cloth round the child's right leg, I began to pull ; and by the assistance of the mother's efforts, brought down the hip to the lower parts of the pelvis ; then introducing the fingers of my left hand over the other hip into the groin, and pulling with both hands, I brought down the body to the arm-pits.

Finding, by the pulsation in the funis, that the child was alive, I slipped my right up along the breast, to feel the position of the head, which was still high, and above

the distortion, with the chin to the right side; but not being able to bring the head or shoulders lower, I withdrew my hand. After having brought down both arms, I introduced my left hand, and the head being a little lower, I hooked two fingers in the mouth, laid the body of the child on that arm, and fixed the fingers of my right hand over the shoulders, on each side of the neck.

Having taken a firm hold with both hands, I tried, in a slow and cautious manner, to bring down and extract the head, by increasing the force gradually, moving the face of the child backwards and forwards, sometimes altering my fingers from the mouth to the sides of the nose, sometimes quitting again these holds, and trying Deventer's method, by pressing down the shoulders, to bring the occiput out from below the ossa pubis: this method not succeeding, I again introduced my fingers to the mouth; but after exerting greater force, and pulling the body of the foetus upwards, downwards, and from side to side, I was obliged to rest, and began to despair of saving the child's life.

The woman all this time behaved with great courage, and assisted with all her strength, by forcing down every time I desired. As there was still a weak pulsation in the funis, I resolved to make another effort with all my strength, by which the head was moved a little lower; then forcing up my fingers to the forehead, I got a firm hold on it, and finished the delivery.

The force used in turning the child had loosened the placenta, and brought on a large discharge of blood, as in the former case; a circumstance which commonly happens in such deliveries. As the after-birth followed the delivery, I wrapped it in the receiver with the child, and laid all on an assistant's lap near the fire, without tying and separating the funis, because I still found a creeping motion in the arteries.

After having moved the patient from her uneasy position, and further up from the foot of the bed, I tried the common methods to assist the recovery of the child. Soon after, the infant showed some weak signs of life, and in about ten or fifteen minutes began to cry, and breathe with more freedom: that which had the greatest effect, was whipping his little breech from time to time, for which I ask pardon of my old friend and preceptor Dr. Nicholls.

As I suspected that the neck was overstrained in time of delivery, the head was gently pressed towards the shoulders: on the recovery of the child, I examined the mouth and all the limbs, to find if anything was amiss. The infant continuing to cry incessantly while the head was washing, I examined, and perceived a large tumour above the right ear; I likewise found a depression of the temporal bone before the ear, and the frontal and parietal bones pushed outwards: these formed the swelling, and were the parts that stopped at the distorted bones of the vertebræ. On pressing the tumour with my fingers, the child was quiet, but on removing them from the part, the bones were again pushed out, and the child fell a-crying; by repeating the same experiment more than once, I was convinced that this was the occasion of the complaint.

Having applied a thick compress, moistened with oil, vinegar, and spirits, on the tumour, and secured it with a proper bandage, I desired the nurse, if this was not sufficient, to continue to assist with her hand as before; for I did not choose to bind the head too tight, as such fits of crying never happened in my practice, neither before nor since. I was glad to find next day that the swelling had disappeared.

The child was smaller in this case than in the former, and the mother recovered better than in any of the preceding labours. The difficulty that attended the delivery

of the head made me resolve to use the long forceps, as in Case 352 of this Collection.

CASE 364.—*The left Arm and Shoulder of the Fœtus presenting ; the Head over the Pubes ; and the fore parts of the Child to the right side of the Uterus ; Version accomplished after much exertion.*—In the year 1742, being called to a watchman's wife, the midwife told me that the waters had come off in a large quantity, on which the arm was forced down into the birth, and the hand appeared without the external parts : she had tried different methods, to make the child (as she ignorantly imagined) withdraw up its hand into the womb, and change itself into the natural position ; dipping its hand into a basin of cold water, and also in vinegar and brandy ; but finding these trials fail, she had recourse to the last remedy, before any assistance from a man practitioner was thought necessary : she directed the woman's husband to take hold of her legs over his shoulders, and lift up her body three times, with her back to his, and her head downwards ; being of opinion, that although the former methods failed of success, this would answer expectation.

On examining this case, I found by the hand and fingers that the left arm was come down, and that the fore parts of the fœtus were probably to the right side of the uterus. I promised to support the woman in her lying-in ; and, on this consideration, the gentlemen who then attended me for their instruction in midwifery, were allowed to be present at the delivery.

Finding I could not keep the patient in a firm position, when on her side, I had her turned to her back, with her breech to the bed's feet ; two of the gentlemen sustained her legs ; her head was supported by lying in the midwife's lap ; the midwife was seated on the bolster at the head of the bed, to keep her firm in that position, and restrain her



arms, so as to prevent her hands from pulling at the assistants or me in time of the operation.

As the arm of the child was but little swelled, I easily introduced my left hand below it, into the vagina; then pushing up the shoulder, insinuated my hand betwixt the breast and the right side of the uterus; but finding, after several strong efforts, that I could neither raise the shoulder higher, nor push my hand sufficiently up to come at the feet, I altered her position in the following manner.

Observing that the midwife kept the woman's head and shoulders too high, I made her sit further up on the bed, that they might lie lower; but my hand and arm being by this time cramped and wearied, with working in too great a hurry, I was obliged to withdraw both, and rest a little. Considering that my other hand could not, in this position of the woman, reach the legs of the child, which were at the right side, I turned her to her knees and elbows, and had her supported in that posture by the assistants on the bed.

I then insinuated my right hand, and gradually stretched the contracted uterus, when I found the feet were turned up to the breech at the fundus. I now endeavoured with all my strength, to push farther up, so as to make more room to take hold of the legs; but the woman being strong, and struggling incessantly, we could not keep her in that position; so that all my efforts to bring them down proved abortive.

This hand and arm last introduced being likewise cramped, I was obliged to withdraw them, and I began to despair of succeeding without the assistance of the crotchet; but I resolved to make one effort more. Finding we could not keep her steady in this last position, I had the bed raised very high at the feet with bolster and pillows; then she was laid again in the supine position as at first, her



breech being raised much more, with her head and shoulders very low.

My left hand being now pretty well recovered from the former fatigue, I introduced it as at first, and at last reached up to the fundus uteri; I now brought down one of the legs, and delivered the child, with the assistance of the noose, as in the former case; but with much less difficulty, as this woman had a much larger and better formed pelvis.

The child was alive; the mother recovered; and the placenta, being loosened in time of the operation, followed the delivery.

She continued weak for three or four weeks, and complained of great pains in the abdomen and neighbouring parts; but having had large discharges at first, and being carefully attended, and kept in breathing sweats, the lochia and milk were so promoted, as to prevent, in all appearance, the danger from a violent inflammation of the uterus.

As this was one of the first difficult cases in which my pupils were allowed to attend, after I began to teach midwifery, I was really afraid, in time of operating, of being foiled and suffering reproach, for pretending to teach others, while incapable of delivering so strong and so well-formed a subject, without being obliged to bring the child, by piece-meal, with instruments; especially as the woman had told us, that in all her former labours she was commonly delivered before the midwife could come to her assistance.

Although, while I lived in the country, I had been called to many such cases, yet I was never more fatigued. I was not able to raise my arms to my head for a day or two after this delivery; and one of the gentlemen who was present, being of a delicate constitution, was so much afraid, that he resolved never to venture on the practice of midwifery.

[The minute description above given of the successive steps of

the operation in this and the previous case deserves an attentive study from the young practitioner; for assuredly no case could he meet with more calculated to test his knowledge, his self-reliance, and his physical endurance. The severe strain on the muscular powers of the operator, superadded to the great moral responsibility arising from the fact of *two* lives being involved in the issue, is an element in these cases which renders their management difficult in the extreme. One can well imagine what the sufferings of the patient must have been in the absence of anæsthesia; and the spectacle of so much suffering caused by the operator would in itself have been sufficient to unnerve many a man.

That the children should have been born alive is, perhaps, the most remarkable feature in the above histories.]

CASE 365.—*The right Arm and Shoulder of the Child presenting; the Head turned back on the Shoulders to the right side of the Uterus, with the Feet folded up to the Breech, but towards the fore parts; the Woman small, and her belly pendulous; Version.* 1753.—The midwife told me, that I had formerly been with the same woman, who recovered slowly after a tedious labour; that this would prove a more dangerous case, for that the arm of the child came down immediately after the membranes broke, on which there flowed from the womb a large quantity of waters.

She also informed me, that as the hand was without the birth, she had folded it up in the vagina, to keep it warm till I should arrive. The patient was then lying on her left side across the bed, which was uncommonly high, with a pillow betwixt her knees. I did not sit, nor kneel, but stood, and moved her breech near to the side of the bed; then I brought the hand again down out of the vagina, and told her it was the right, to prevent reflections, if that limb should prove lame after the delivery. I had found such complaints proceed from the midwife's pulling at the arm, and trying to bring along the body in that manner; but this notice being given, the accoucheur could not be

blamed for overstraining the limb; and the misfortune would be imputed to pressure or cold, while the arm lay in that position.

Finding by the arm of the child, that its fore parts would probably be to the left side of the uterus, and also that the abdomen of the patient was very pendulous, by its hanging more than usual over the pubes, I perceived that I could operate with greater ease while she lay on her side, than when lying in a supine position.

I introduced my right hand into the vagina; and in pushing up the shoulder, could distinguish, that although the pelvis was narrow, the child was not large; that the breast was forwards, but towards the left side, the head turned back on the shoulders to the opposite side. The contraction of the uterus being very great, it would have been impossible to bring down the head to present in the natural way; my endeavours for this purpose would have served only to fatigue the patient and myself with vain labour.

My hand being so far advanced, I pushed it up further and further, along the left side of the uterus, to come at the legs of the child; but the patient's head and shoulders being too high (which position I forgot to alter), this circumstance, joined with the force of the breast and abdominal muscles, in her strainings against me, prevented my hand's going up sufficiently to reach these parts. Being afraid to bring down my right hand from the contracted womb, I slipped my left under her left hip, and by the help of the assistants turned her to her knees and elbows. (*Vide Case 366.*)

By this method, both the pressure of those parts, and the weight of the child, being much abated, the abdomen sunk downwards, though at the same time her thighs and knees kept the belly above the pubes: at last my hand penetrating to the fundus uteri, took hold of the feet be-

twixt my fingers ; then pulling them down, and pushing up the breast, I, after a good deal of fatigue, brought the legs without the os externum : I now turned the patient to her back, and with safety delivered both her and the child, although the head stuck some time in the passage, and both force and caution were required to extract it.

CASE 366.—*The Breast and both Arms presenting ; the fore parts of the Child to the back part of the Uterus ; Version ; the Head delivered according to Deventer's method ; Convulsions ; Child saved.*—In the year 1751, I was called to a labourer's wife. Her midwife, on pretence of being sent for to another, had left her soon after the membranes broke, assuring all present that the child presented properly ; and she promised to return in time for the delivery ; but on examining, I found both the arms down at the os externum, and the breast presenting at the upper part of the vagina.

After everything necessary was prepared, I had the patient laid across the bed in a supine position, with her breech high and her shoulders low. As the pelvis was large, and the arms of the child small, I, in time of the labour-pains, stretched the external parts, and introduced my hand into the vagina up to the breast of the foetus : in raising this, and examining the situation, I found the head was cast back above the pubes.

As the breast of the child was towards the sacrum, I pushed up my hand betwixt the abdomen and the back part of the uterus, and then went higher and higher in a slow manner ; and by intervals stretching the womb, which was strongly contracted, I found the thighs, knees, and legs doubled up to the fundus ; but not being able to come at the feet, which were cast forwards on the breech, I hooked my forefinger into the hams. The purchase not being sufficient, I let go that hold ; and at last getting one



of the feet betwixt my fingers, I brought that leg down to the vagina. This was not effected without a good deal of fatigue, in pulling down the foot, and pushing up the breast ; but not being able to bring down the other, I was obliged to rest some minutes, to recover the strength of my hand and arm.

Having procured a soft garter from one of the assistants, I formed it into a noose, and tried to introduce and fix the ligature round the ankle of the child ; but the foot was too high to admit its being applied properly. I was again obliged to introduce my hand into the uterus, and by pushing up and pulling down as before, brought the foot without the os externum ; then, with the assistance of the noose, I altered the bad position, by raising the head and breast to the fundus uteri, bringing down the breech of the child to the lower part of the womb, as in Case 363.

The arms of the fœtus, by this movement, returned into the uterus, and afforded more room to bring down the other leg. Having wrapped a cloth round both, and finding, on extracting the thighs and hips, that the belly of the child was towards the pubes, I turned them to the sacrum. As the body came easily along, I did not bring down the arms, neither did I introduce my fingers to the face, to turn the forehead into the concavity of the sacrum ; but by pressing down the shoulders of the fœtus, brought the occiput out from below the pubes.

The child lay a long time seemingly dead, but at last recovered. In the meantime, one of the assistants imprudently telling the patient it was dead, she was immediately thrown into convulsions, and with difficulty removed from instant death, by applying stimulating things to her nose, such as burnt feathers, woollen rags, and spirits ; and when she retrieved the use of her senses, the cries of the child contributed greatly to her recovery.



CASE 367.—*The Face of the Child presenting, with the Chin to the right side of the Pelvis ; Version, 1728.*—The waters, in this case, had been discharged many hours ; the head was at the upper part of the pelvis, and did not advance lower, although the pains were strong and frequent ; but as the patient grew weaker, and was every now and then attacked with fainting-fits, the midwife apprised the friends of the danger, and desired them to send for my assistance.

Having considered every circumstance of the woman's condition, and ordered everything that was necessary to be in readiness, I had the woman secured in the same position as described in the foregoing case ; and in pushing up the face and head with my left hand to the left side of the uterus, found the fore parts of the child were to the back part of the womb ; but in tracing farther up to search for the feet, the strong contraction of the uterus pressed the head with such force against the muscles of my arm, as to benumb my fingers, and gave me so much pain, that I was obliged to withdraw that hand.

The patient's position being altered by her shrinking from me, I brought her breech again to the side of the bed, and desired the assistants to hold her in that situation. Encouraging her, by promising to do all in my power to save both the child and herself, I introduced my right hand into the uterus, and delivered nearly with as great force and fatigue as in the above case. As the child, however, was large, I could not bring out the head in that manner, but was obliged to deliver it as in Case 363.

CASE 368.—*The Face presenting, with the Forehead above the Pubes, and the Chin forced down to the concave part of the Sacrum ; Version.*—Being called one morning early, in the year 1750, the midwife informed me that she had delivered the patient several times ; that her labours

were soon over, the children always following the rupture of the membranes ; that although the head presented in this case also, she was afraid the delivery was obstructed by a large excrescence, which she imagined filled up the back part of the passage.

The waters had come off the day before, and the woman had been in strong labour all night.

When I first examined forwards, and towards the pubes, I was deceived as well as the midwife, by imagining that the child's head presented in the natural way ; but in making another trial in time of the next pain, introduced the first finger of my right hand further up, and backwards towards the sacrum, I felt an uncommon soft substance, which I felt all around. At last with some difficulty I discovered that it was the face. The cheeks were so much swelled, that the eyes, nose, and mouth, seemed as if buried betwixt them, and the chin was backwards toward the left side of the pelvis.

The woman's strength being much exhausted, and the child in danger of being lost in this bad position, I resolved to try either to alter the presentation, or deliver in the preternatural way. Having, as in some of the former cases, ordered the patient to be secured and kept firm in the supine position, I gradually dilated the os externum, and raised the head above the brim of the pelvis ; but the contraction of the uterus was so great, and that part of the child so slippery, that I could not raise up the face so as to bring the vertex to present in the natural way.

The patient had made pretty strong efforts in straining down against me during this trial. I now rested a little, to observe if the face of the child would come down lower in the pelvis, so as I might be able to assist the delivery with the forceps ; but after waiting some time, and the labour-pains being weak, I at last, by using a good deal of force, pushed up the head to the fundus uteri. The legs

were brought down, and the child delivered as in the former case. The face was livid and excessively swelled; but these appearances went off in a few days.

CASE 369.—*The Head of the Child presenting, with both the Arms come down, and the Fore arms appearing without the Os Externum; Version; Child alive.*—Being called to a woman in the year 1724, the midwife informed me, that the waters had been coming for about 24 hours; and although she had tried several times to assist the delivery, by pulling at the arms of the child, which were come down before the head, yet the presenting parts stuck so fast in the bones, meaning the pelvis, that she could not bring them lower; and therefore had, as it was a desperate case, sent for my assistance.

On examining, I found both arms come down much swelled, and backwards towards the sacrum, with the head advanced a little, in a conical form, at the fore part of the pelvis.

Considering these circumstances, observing the patient greatly exhausted with the length of the labour, the pains weak, and being certain that the child was still alive, from the motion every now and then of its little hands and fingers, I resolved to deliver, if possible, in the preternatural method.

Having ordered the woman to be laid across her bed, and secured in the supine position, I introduced my hand into the vagina, and pushed up the child's head to the fundus uteri, then the arms returned into the womb. after much fatigue, I brought down the feet from the back part of the uterus, and delivered the infant as in the former case. I did not know, at this time, the method of fixing a noose on the ankles; therefore the operation was the more tedious, in pushing up the body, and pulling down the legs sufficiently without the os externum, so as

to take a proper hold of them with my other hand. In this operation, I was obliged to rest every now and then, and also to change my hands several times.

The patient recovered; but from the ignorance and imprudence of the midwife, in not sending sooner for assistance, the helpless child lay moaning and crying for many hours before it expired; for by her pulling at the arms, they were so overstrained and tumefied, as to bring on a mortification of these parts.

[This is the only instance recorded by our author where *both arms* presented along with the head. Such has never occurred in my experience. The treatment pursued in the above case, namely, the performance of podalic version, is probably the best that could be pursued under the circumstances, if an attempt to replace the arms above the head should fail.]

CASE 370.—*The Head of the Child presenting; the Funis Umbilicalis fallen down before it, and lying in the Vagina; delivered by Turning.* 1746.—In this case I was certain, as well as in the former, that the child was alive, by feeling a strong pulsation in the vessels of the umbilical cord, which lay in several folds at the left side of the pelvis.

The midwife informed me, that she had felt the same motion immediately after the membranes broke; that the head of the child, although a large quantity of waters had been discharged, still kept high; and that being afraid, if the labour was tedious, the child would be lost, she had desired the friends to have recourse to my assistance, more especially as the woman's former labours were commonly tedious, though safe.

As the patient was then lying in bed, on her left side, and kept steady in that position, I introduced my right hand into the vagina; and examining the position of the child's head, found that the vertex presented, with the fontanelle to the same side of the pelvis, where the funis



was come down. After this inquiry, I pushed up the head, and tried to slip and pass the cord above it, to prevent the pressure and obstruction of the umbilical vessels ; but finding, as I pushed up the different folds of the funis, they again returned alternately, and eluded all my endeavours to raise them, so as to remain above the forehead and face of the child, I had recourse to another method ; I introduced my hand into the uterus, and delivered in the preternatural way, as described in Cases 367 and 368 of this Collection.

When the head is not uncommonly large, nor the pelvis narrow, this method of delivery seems most advisable to save the life of the child ; for unless a very small part of the funis is come down, it seldom can be slipped up so high as to prevent the pressure of the head and obstruction of the circulating fluids in the umbilical vessels.

[At p. 341 of Vol. I the reader will find allusion to this case, together with some remarks on the treatment of prolapse of the funis, by the operation of podalic version.]

CASE 371.—*The Woman's Pelvis distorted ; the Head of the Fœtus presenting ; but delivered by Turning ; the Shoulder dislocated ; subsequent Labours.* 1730.—This patient lived at the distance of several miles from my habitation. I had formerly delivered her twice of dead children ; her pelvis was very narrow, and distorted at the upper part of the sacrum. She had both times been long in labour, and much exhausted before the friends desired my assistance. The heads of both fœtuses were squeezed down of a great length, and so engaged in the pelvis, that she could not be delivered with the assistance of the fillet in time of the weak pains. As the waters had been long discharged, and the uterus was strongly contracted, it was impossible to push up the heads, so as to apply the fillets to advantage, or to turn the children, so as to deliver them in the



preternatural method ; but at last, after waiting a considerable time, I had been obliged to open the heads with the scissors, and extract with the assistance of the blunt hook. (*Vide* Col. XXXI, Case 282.)

As it required a considerable force to deliver, after the heads were diminished by the large discharge of the contents, I question much, though I had then known the use of the forceps, if I could have saved them with that instrument ; for I can very well remember, although now revising this with other cases in the year 1761, the fatigue that I endured at these two labours.

As a ridiculous opinion prevails amongst the vulgar, that there are certain remedies to procure barrenness, and indeed such are described by many of the oldest authors, the woman's husband, and some of her friends, called on me soon after the second delivery, and begged I would prescribe some medicines of that nature. I acknowledged my ignorance of the effects of any such medicines, and desired them not to throw away money in going about to any false pretenders to such secrets ; but to send for me at the beginning of the labour, if his wife should again prove with child. My advice was taken, and I was called accordingly ; but before I arrived, the membranes were broken, and most of the waters discharged.

On examining, I found the head of the child resting above the pubes ; not, as in the former cases, forced down into the pelvis. Although it required much force to deliver the body and head in the preternatural way, yet this being smaller than any of the former children, it was happily saved, but I neglected, at that time, to examine if all the limbs were sound. The father calling on me about three months after, told me, that although I had brought him a fine girl, yet he had been punished for his desire of having children, for she had not the power of her left arm. Some weeks after this visit, happening to be in that part of the

country, I found the shoulder had been dislocated in time of delivery, and endeavoured in vain to reduce it. (*Vide* Case 497.)

I was again called a *fourth* time to deliver the same patient. I turned and brought this child the preternatural way; but it being much larger than the last, was lost by my being obliged to tear down the head with the sharp crotchet.

After I settled in London, a gentleman who succeeded me in that branch of business, wrote me that he had delivered the same patient, but that he could not possibly save the child; and that he had been so excessively fatigued in the operation, that he could not help wishing I had still remained in the country; in which case he should not have been called to so desperate a labour.

Since I retired from business to the same country, Mr. Ingles, who succeeded the above gentleman, informs me, that he delivered the foresaid woman in her last child in the same manner I had chosen in the delivery of the two first children.

CASE 372.—*The Head of the Child presented; the Pelvis of the Mother distorted and awry, from the right Ilium's being much higher than the other; by which the Uterus and Abdomen were turned to the left Side; Version; Child lost.* 1752.—This woman had been delivered of her *first* child by another practitioner, who was obliged to open the head of the foetus, and extract it with the assistance of the crotchet.

When she was in labour of her *second* child, and only gone seven months, I was called, and as the arm presented, delivered and saved the foetus, by bringing down the legs, and extracting the body and head in the preternatural method.

In her next (*third*) pregnancy, she went on to her full

time of reckoning. Being called to her some hours after labour had come on, I found the os uteri largely open, the membranes broken, and the head of the child presenting. As she was then in bed, and lying on her left side, I had her turned to the right, that the uterus might be more in the middle, and give the foetus a straighter position, to be forced along with the labour pains ; but the head did not advance. Considering that the first was lost by waiting for the natural delivery, that the second was saved by the preternatural method, and as this, by the touch of the head felt small, I thought it safer to turn, apprehensive that the patient being weak, and of a consumptive constitution, she would not have strength to force along the head through such a distorted pelvis.

Finding that this position was uneasy to the woman, I had her again turned to her left side ; but introducing my right hand into the uterus, and finding the legs of the foetus to the right side, without being able to reach them in that position, I was obliged, by the aid of the assistants, to place her on her knees and elbows, according to Deventer's method. The narrow pelvis cramped the muscles of my arm so much, that with difficulty I got my hand so high as to bring down the legs ; then I turned the patient to the supine position.

The woman having been much fatigued, I gave her a cup of warm wine, with ten drops of *Tinct. Thebaic* ; but a flooding coming on, I was obliged to deliver the child immediately ; being larger than I expected, it was lost in extracting the head.

The force exerted in turning the child had disengaged the placenta, which was the occasion of the flooding. The pelvis was so narrow, that although I used all the precautions described in the former cases of this collection, yet I could not deliver the head so fortunately as in my former attendance on this patient.

As the mother recovered with great difficulty, I was sorry, on reflection, that I had hazarded this method in so weak a patient; I wished I had rather waited the efforts of nature; and if these had proved insufficient, that I had used the forceps, when the head came low down in the pelvis; or at least, if all her efforts had been insufficient to render that assistance practicable, that I had delivered the child as in her first pregnancy.

CASE 373.—*Convulsions; Arm presentation; Version; the Head of the Child delivered according to Deventer's method.* (In a letter from Mr. AIRES, dated Boston, 1749).—The woman was attacked with cholic pains and convulsion fits. He was obliged to bring the child footling, from its presenting with the arm: this he easily effected, till it was extracted to the shoulders, where it stuck pretty much, and gave him great trouble in bringing down the arms. Then he tried, with his fingers in the mouth, to deliver the head, by pulling it upwards towards the pubes; but finding a great resistance, and pushing his fingers further up, he found the placenta down in the back part of the pelvis; which last being very straight, had forced the head so against the pubes, that it resisted all the force he durst apply. He then introduced a finger between the head and that bone, to disengage it; but it answering no purpose, he seated himself on the floor of the room, and ordering the woman's breech to be brought a little over the side of the bed (she lying in a supine condition) he delivered the head by pulling the body of the child downwards. The child was dead, and, luckily for the woman, small in size; so that she recovered very well.

CASE 374.—*A case from Dr. DURBAN, dated 1750, in which the Arm presented; Version.*—I was called to Mrs. S—, a well-made woman about 35, who had several



children. I found with her two midwives, who acquainted me that the waters had been come away about eight hours.

Her pains were strong and quick. Upon touching her, I found a hand presenting in the vagina. While endeavouring to distinguish which hand it was, it protruded through the os externum to the elbow. This was the first case that offered to me in this country; and as I was apprehensive the head might perplex me if I delivered footling, I endeavoured to return the limb, and facilitate the natural delivery of the infant. The limb could be returned into the vagina only, whence it often protruded. The contraction of the uterus was too strong to admit my changing the position of the child, by forcing up. My hands became cramped, and I was obliged to quit that attempt; but during these endeavours, I discovered that the shoulder and back presented, with the head lying to the left ilium.

After refreshing my woman with cordials of her own, and encouragements, while I rested my hands, I searched for the feet, which were quite up at the fundus uteri: these I secured between my fingers; and the arm re-entered as I brought them down. When I had them just without the os externum, I wrapped a piece of fine cloth about them, and held them gently, drawing with one hand, while I endeavoured to assist the position of the face with the other slipped up along the sternum.

I found some considerable resistance, pushed up the hips a little, and gave the quarter turn. I then proceeded, and delivered the infant, with a turn of the umbilical cord about its neck; this I divided instantly, and extracted the placenta. After resting a little while from her fatigue, my patient was put to bed; the child lived about half an hour.



CASE 375.—*The Arm presented, much Swelled; and the Funis was down; Version; Child alive.* (In a letter from Mr. MUDGE, Plymouth, 1747.)—He was sent for to a woman who had been four days in labour, and the waters had passed off three days before. He found her very weak, and her pulse was very much depressed. On touching her, he was very much surprised to find the arm hanging out of the os externum, and the shoulder quite filling the mouth of the uterus; it was extremely swelled, and quite black with the violence it had suffered for three days successively, by the rude pretended assistance of the midwife. The cord came down by the side of the arm, the pulsation of which was evident enough.

He without great difficulty (the pains being luckily absent) pushed up the breast of the child, introduced his arm quite to the elbow into the uterus, before he could come at the feet, which he took hold of. The arm soon went up, and the delivery was accomplished; he wrapped up the child's arm in port wine.

It was a stout boy, and both it and its mother did very well. No labour could have a more unpromising appearance, and yet it turned out very easy; the whole did not last above six minutes.

Mr. Chapman, in his 'Treatise of Midwifery,' page 111, relates a case, in which the arm was taken off; the child was alive, and lived to be a man.

CASE 376.—*The Shoulder presenting; a very pendulous Belly; delivered with difficulty by Turning.*—(In a letter from Mr. MUDGE, dated Plymouth, 1749. With an Answer, advising in such cases to try Deventer's method; and also a paragraph from Dr. GORDON, in Glasgow, on the same subject.)—He was called to a patient an hour after the membranes were broken. She had some slight pains: but he could not, in examining, reach any part of the child.

After she had been two days in a lingering way, he at last felt some part presenting like the nates. She had not felt the child stir for many hours, and the meconium began to come off: although the pains gradually increased, yet the child did not advance. The patient's strength failing, he laid her across the bed, and introducing his hand into the vagina, found that the right shoulder presented, with part of the arm, not fallen down into the passage, but lying across the os uteri.

He then insinuated his hand into the uterus, along the belly of the foetus, to search for the feet, and with great difficulty got down the left leg; but could not bring it without the os externum so as to get a cloth round it, in order to assist the turning. He tried the noose several times; but it would bear no great force without slipping. A flooding coming on from the great force used in trying to bring down the other leg, which, with the breech, hung over the pubes from the abdomen, being very pendulous; he changed hands, the right being excessively fatigued, and endeavoured to come at the other foot with his left hand; but it was quite out of his reach, nor could he in the least turn the child at all; though he pushed up the shoulder with great force, while he tried at the same time to pull down the leg that was in the passage.

All this time the woman was bleeding excessively, and he was afraid every moment that she would die under his hands. He then sent for the largest sized forceps that is used in extracting the stone, and laid hold of the leg with them; but after several fruitless attempts could not move the child. He was almost fatigued to death, and in the greatest anxiety of mind to think he should see his patient die under his hands. He determined to make one final attempt to come at the right leg: he introduced his hand and arm into the uterus, and pushing still higher and higher, he at last got his arm so far till his elbow was in

the middle of the pelvis. By which means he had now an opportunity of bending his arm over the os pubis, and got hold of the foot, which he immediately grasped and brought down to the passage. The buttocks following, he soon delivered the child, which was very large and dead. The placenta was soon delivered : the flooding stopped at once, and the mother did well.

### The Answer to the foregoing Letter.

I have had several cases wherein I have had much the same difficulty, and have been greatly fatigued before I could bring down the legs ; especially in pendulous bellies, where the legs of the child were to the fore part of the uterus.

The woman is kept much firmer when laid in the supine position, and you come at the legs easiest when they are towards the back part or sides of the uterus ; but when at the fore part you find them better, by having the patient lying on her side ; because then you can stand behind, and your arm is not interrupted by the pubes so much as when in a supine position.

I have also of late found, where the belly has been pendulous, and I could not reach the feet easily in the side position, that by turning the woman to her knees and elbows, I came much readier to the feet, as that position takes off the great pressure of the uterus and child.

This was Deventer's method ; and to confirm you in this practice, I send you a paragraph of a letter from Dr. Gordon, in Glasgow, who is my old acquaintance, and senior practitioner in the art of midwifery. I had before that wrote to him, and desired the favour that he would communicate to me the most material things which he had found in his practice that might be of use to the public.

The following, I own, has been of use to myself ; having

oftener used his method since than formerly, especially where the abdomen is pendulous, as your case was.

He writes that one of the principal things to be known in midwifery is the position that the patient is to be placed in when you want to turn the child and deliver it by the feet; and that is to place her on her knees and elbows, with her breech raised higher than her head; for you operate much easier with your hand downwards than you can do with it upwards, when she is laid on her back; besides, the weight of the child assists you when you push the body back, in order to get hold of the feet. He says he always found this the best posture, until the feet are descended to the os externum; when he turns the mother to her back and delivers her.

CASE 377.—*A Case, in which the Chin presented; a Practitioner failed both in trying to deliver with the Forceps, and to bring the Child footling; but another being called, succeeded in the last Method; Death of Child and Mother.* (In a letter from Mr. J., dated P. 1749.)—He was called in by another practitioner, where the chin had presented. The first had several times tried to deliver with the forceps, and broke the lower jaw with his fingers. He then essayed to turn and deliver it by the feet; and in endeavouring to bring down one leg with great force, it was pulled off; a flooding coming on, and his strength being quite exhausted, the other was called.

The woman's strength was almost gone. He introduced his hand into the uterus, and after great fatigue and sweating, he got hold of the other foot; over which he fixed a noose, which he twisted round one hand, while with the other he raised up the head and breast, and got the body delivered.

It stuck at the shoulder, but by giving it a quarter-turn the obstruction was removed, and at last the head was de-



livered, though not without a good deal of trouble and caution ; on account of the largeness of the head, and the bad hold at the broken jaw. The child was dead, and the woman expired in seven or eight minutes from the great flooding.

I wrote him, that no doubt the gentleman, since he did not succeed with the forceps, acted right in trying to turn ; but then, when it required so great force (which undoubtedly brought on the fatal hæmorrhage), it would have been safer for the woman had he opened the head as it presented, and extracted with the crotchet.

However, it is impossible to judge, except when present ; and we are too ready to reflect, after an unlucky case is over, that another would have been better, though we acted then to the best of our judgment.

[The fact of a case ending “unluckily,” affords presumptive evidence against the propriety of the treatment adopted ; but of itself it is not by any means conclusive evidence that the treatment was wrong, or that “another method would have been better.” The treatment of our own patients we may review as severely as we like ; but with regard to the cases treated by other practitioners, we need to exercise more caution against drawing the *presumptive conclusion* above alluded to.]

CASE 378.—*The Head presented ; the Pelvis distorted ; the Forceps tried in vain ; the Child delivered footling.* (In a letter from Dr. G., dated L. 1746). (*Vide Collect. XXXV, Cases 401 and 402.*)—The woman was about thirty ; had been rickety in her youth, one shoulder was higher than the other ; one of the ossa pubis was considerably farther protruded than the other.

Before he was called she had been three days in labour. The mouth of the womb was largely open. The head was well advanced in the pelvis. She had frequent pains ; but the head did not advance further. On introducing his hand he found a great moisture, and withdrawing it per-



ceived it besmeared with meconium ; whence he told the by-standers, that the child was either dead or very weakly. On inquiry, he was told that there had been no stoppage of urine. The position being such as favoured the use of the forceps for extracting the child, he introduced it accordingly, not doubting to find an easy delivery, as he had often seen and experienced with the help of that instrument ; but contrary to expectation, he could not move it with all his force.

After this he withdrew the forceps, and raised the head of the child ; on which the urine flowed out to an incredible quantity. Believing the distension of the bladder had hindered the head from advancing, he again tried the forceps, but could not mend the matter. On examining, he found he could introduce his hand without much difficulty ; he then turned the child, and extracted it by the feet, after being fatigued almost to death. The woman recovered.

He desired my opinion of the labour ; and begged to know if I thought it not always safer in rickety patients to turn the child.

I wrote to him, that I had oftener than once, in the beginning of my practice, in those cases, brought the child footling ; and although I had sometimes succeeded, yet in others, I could have wished, after the head was turned up into the uterus, that it were still in its first place ; because when the body was delivered, the head stuck so above the pelvis, that it was not possible to save the child ; and the parts of the woman were so bruised, that if she did not die, she recovered with great difficulty ; that no doubt it was our duty to do all we could to save the child, but not so as to endanger the woman's life ; however, in this case, as he could so easily introduce his hand, I thought it was right to try that method to save the child's life.

CASE 379.—*First labour ; Arm presenting and the Pelvis somewhat contracted at its brim ; Delivered by Turning with the assistance of the Noose.* (From Mr. Jo. Gibson, Surgeon in Harwich, January 18th, 1755.)—On the twenty-fourth day of last month, I was called at ten o'clock, to a young gentlewoman of a delicate constitution in labour of her first child.

The midwife had been with her the greater part of the preceding night. She told me that the waters broke at five in the morning ; that the patient had no pains since, except a few slight ones, which were chiefly in her back and loins ; that the parts were so tight she could make no way for the child ; but she felt nothing uncommon.

Upon examination I found the os externum so tight, that I had scarce room to introduce two fingers : but with my first, I felt the arm much swelled, and far advanced in the vagina in a doubled form, the fore-arm being reflected upwards.

The os internum felt thick, but lax and yielding.

Being satisfied in these particulars, I could with great certainty foretel the difficulty that would attend the delivery ; which I at last surmounted in the following manner.

Finding the patient had not been much fatigued, either by the pains or midwife, I placed her upon her side, with proper assistants to support and keep her steady in bed.

I first began to lubricate and dilate the parts gently ; by which means, in about half an hour, I made room for the admission of my hand, which I introduced in a flattened form to the brim of the pelvis, which I felt narrower than usual, occasioned by the last vertebra of the loins and upper part of the sacrum being too near the ossa pubis.

I found also the top of the shoulder of the child enter-

ing the brim of the pelvis, the breast towards the sacrum, the head over the pubes, and the feet at the fundus uteri.

I endeavoured to raise the presenting parts, and bring down the legs ; but the dryness and strong contraction of the womb, which, together with the pains, now acted forcibly against me, soon convinced me that it was impossible even to move them an inch.

This method not succeeding, I pushed up my hand, by which I stretched the sides of the uterus, and by that means with great difficulty reached the feet, which I endeavoured to bring down ; but my hand and fingers were now so cramped that I could not move them.

I rested a while ; in which interval the patient was seized with a deliquium, which took off the pains and contraction, so as to give more liberty to take hold of one leg, which I brought down as far as the bending of the knee would allow me ; but could not bring down the other.

Having brought out my hand, I placed a noose upon my fingers, and with great difficulty I put it over the ankle ; then taking hold of the garter with my external hand, I pulled down with this, and shoved up with that in the womb ; and by these means turned the head and shoulder to the fundus uteri ; the leg was brought through the os externum, and the thigh into the vagina.

Having succeeded so far, I withdrew my hand from the womb, and assisted with both externally, pulling from side to side, and giving the proper turns (according to your directions), till the body was extracted as far as the breast.

Finding the body was obstructed in coming farther by the arm lying across, I brought down that, and then the other ; and after the shoulders were come through, I with two fingers in the mouth pulled the chin to one side, and brought it into the pelvis ; then turning the patient to her back for more liberty, moved the forehead to the concavity

of the sacrum, and delivered the same with a half round turn upwards.

I tried all the common methods to recover the child ; but to no purpose. The patient enjoyed a good night by the help of an opiate, and is now quite recovered.

---



## COLLECTION XXXV.

(*Vide* Vol. I, page 345.)

PRETERNATURAL CASES, WHEREIN THE WOMEN WERE DELIVERED BY THE ASSISTANCE OF THE CROTCHET.

(*Vide* Anatomical figures, Tab. 35 and 36.

CASE 380.—*The Legs lying double in the Vagina, and the Knees presenting; the Child lost, from the Head and Breast being engaged in the Pelvis.* 1723. (*Vide* Case 303.)—A midwife who was attending a woman in the country, finding, as she imagined, after the membranes were broken, that instead of the head one of the arms was pushed down into the vagina, and acquainting the friends with this circumstance, they immediately sent for me. I found, when I examined, that instead of an arm there were two legs lying double in the vagina, and the knees presenting; at first indeed I found but one, which was lower than the other, and I imagined it was an arm, as the child was but small; but going round the vagina with my finger, I felt the other; I distinguished the knees by their having a more obtuse feel than the elbows; and bringing one of them through the os externum, was much better pleased to find it was a foot.

Having placed the woman in a supine position, I brought down the other leg; and having wrapped a cloth round the feet, I pulled the child gently along. As it was one of the first cases of this kind which I had seen, I had not the precaution to introduce my hand to feel before I brought

down the body, whether the head was low down or up towards the fundus ; for after I had brought the breech down to the os externum, and turned the back part of it from the right side of the pelvis to the pubes, I could not bring the body lower down than to the small of the back. Finding, after reiterated trials, that it would not move farther, I pushed up the fingers of my right hand along the belly of the child, and found the head folded down on the breast at the side, and both squeezed together in the pelvis. I tried to push up the body and my hand further to raise the head ; but the body filling up the pelvis, and the head and breast being squeezed together by the former force in pulling down, I could not, after several trials, alter the position. I was then obliged to pull down the body with greater force, till I found, after repeated trials, that the vertebræ of the loins were so overstrained it was impossible to save the child. I then introduced the crotchet up betwixt the head and the breast, and fixed it on the middle of the sternum, as I afterwards observed, pulling the instrument with my right hand, and the body of the child with the left, I endeavoured to extract. Finding the parts tear down, and that the shoulders did not advance, I pushed the crotchet farther up, and got a firm hold above one of the clavicles, which brought down the shoulders, and the head followed with little difficulty, the child being small.

This was a caution to me in the sequel, to examine the position of the head before I brought the breech into the passage, that I might raise it, so as to prevent any such obstruction.

[The remarks I have made on Case 351 (page 88) will, with some little qualification, apply here, as the nature of the obstruction was much the same in both.]

CASE 381.—*The Breech presented down to the middle of*

*the Pelvis; the Thighs to the Pubes; a narrow Pelvis, and this the Woman's first Child; Hæmorrhage; Craniotomy, 1746.*

—Being called by a midwife in the morning, I was told that the membranes had broken about eleven at night, that the breech presented; and though the pains had been strong, yet it had not advanced in the least for two or three hours, notwithstanding the efforts of the midwife, who had tried several times with all her force to bring it along.

As the woman and the pains were now weaker, I tried, while she lay on her side, to help along the breech, with the assistance of my fingers introduced to the outside of each groin. This method not succeeding, I pushed up the breech with my right hand to bring down the legs, which lay extended up the fundus uteri towards the left side; but the contraction of the uterus was so great, that although my hand was up at the legs, I could not possibly bring them down, the pressure of the breech, which I could not raise higher than the brim of the pelvis, joined with the narrowness of the same, so pressed and pained the muscles at the fore part of my arm, that I was obliged to withdraw it two or three times.

These attempts proving abortive, I turned her to her knees and elbows, and introduced my left hand as the most proper when in that position, and the legs to the left side. The breech receded farther, and my arm was not so much confined: but the contraction of the uterus was so great at the fundus, that I could not possibly bring down the legs, although I rested several times, to keep up the strength of my hand and arm; at last they were so fatigued and cramped, that I was obliged to desist. Being afraid of tearing the uterus from the vagina, I altered her from this position to her back, keeping her shoulders high, and tried again, in time of a pain, to help the breech along, as at first, but to no purpose. I then had her breech raised with pillows, and her head and shoulders laid lower; then

I pushed up my right hand that was a little recovered from the former fatigue, but failed in this also, after several strong efforts.

I was now so wearied that I was obliged to rest, and consider what was next to be done. The child, I found by these trials, was larger, and the pelvis distorted at the upper part of the sacrum; and indeed the projection of these bones had bruised and hurt the back part of my hand at the last trial.

By these several endeavours, the placenta, I suppose, being partly loosened from the uterus, brought on a discharge of blood, which made me afraid of tracing up again into the uterus. I attempted to bring the child double, with my fingers on the outside of the hips or groins in time of the weak pains; but finding this was to no purpose, I introduced the curve of one of the handles of the forceps on the outside [they were not then altered from crooks to wooden handles, as I now have them] betwixt one of the thighs and the abdomen of the child. When I found the point sufficiently through betwixt the thighs, I introduced two fingers of my left hand to the groin of the opposite hip; then pulled with that hand, and the blade of the forceps with the other; but still finding this force was not sufficient, I introduced the handle of the other forceps at the other side, and pulled by both with greater and greater force, which moved the breech to the lower part of the pelvis, and the hams below the pubes; but I found in time of pulling, that one of the handles slipped from the joint on the thigh, which it fractured. I then brought down the legs, and after turning the fore parts of the fœtus to the back part of the uterus, I brought down the body, and tried to deliver the head as described in the cases of Collect. XXXII, where the legs or breech present; but all these different methods failing, I tried first to deliver the head with the short forceps; but they slipping several times



also, I was obliged to take the assistance of the crotchet in the following manner.

As the body and arms were delivered, and the neck stretched to a considerable length, I directed an assistant to hold up the body of the child towards the pubes and abdomen of the patient; by which means I had more room to introduce the fingers of my left hand up betwixt the right side of the pelvis and child's head; even this I was obliged to raise to come at the os uteri. I then, with my right hand, introduced the crotchet along the inside of my left (the point towards my hand) to the head; then turning the point to the os frontis of the child, which lay to that side, I pushed up the instrument betwixt my fingers and the left temple (which lay toward the right groin) to the upper part of the frontal bones, where I tried to fix the point; but this being a straight crotchet [for I had not then contrived the curved crotchet, which is principally useful in this case] the point did not take sufficient hold or go sufficiently up to fix in the skull, but slipped two or three times, and only tore down the scalp. I then withdrew the crotchet in a cautious manner.

After having rested a little, I again introduced my left hand in the same manner, but more backwards, and the crotchet along the right temple, above the forepart of the ear, where at last with some difficulty I fixed the point. I now brought down my left hand, took hold of the crotchet with it, laid the body of the child on that arm, and placing the fore and middle fingers of my right hand over the shoulders, and along each side of the neck, I began to pull down the head, and gradually increased the force. Finding the crotchet had a sufficient hold, and did not slip as before, and that the head did not yet begin to move, I stood up and pulled the body and crotchet upwards to the pubes with great force, which brought down the forehead to the lower part of the pelvis, at the right side of the



sacrum and os coccygis ; then turning it more backwards, I delivered the head, by bringing it with a turn upwards from below the pubes, where it turned as upon an axis, and prevented the laceration of the perineum and parts below, which at that time were stretched in form of a large tumour.

I examined the child's head, and found the skull was tore open about two inches at the above-mentioned place, and some of the cerebrum had been evacuated in time of pulling ; a circumstance which diminished a little the size of the head.

When I was first called, I desired the midwife to allow my pupils to be present ; a proposal to which she and the woman assented, but restricted the number to four, on condition that I should deliver her without any other consideration for my trouble.

This case fatigued me so much, that I was scarce able to move my arms to my head next day ; and although the weather was not warm, I sweated excessively.

[The above is a most interesting and instructive clinical history, related with great minuteness and perspicuity. All the successive difficulties he experienced and the means by which they were overcome are graphically described, and withal in language the most simple.

The concurrence of breech presentation with a narrow pelvis is peculiarly unfortunate and productive of extreme difficulty in the delivery, of which the above case is a striking example. This difficulty is vastly increased if, as happened in the case before us, one or both the legs cannot be brought down. Smellie made strenuous exertions to accomplish this (in accordance with the instructions given in vol. i, p. 315), but he completely failed.

His management of the case throughout was most judicious, and could not be improved upon, whilst the perseverance and ingenuity he displayed are worthy our admiration.

The conduct of a case like this, with no one of any skill or knowledge to assist the operator, is well calculated to try of what "stuff" he is made, and from this and others of his cases (*e.g.*, No. 384), we

see that Smellie possessed in an eminent degree the qualifications, physical and mental, for a good operative accoucheur.

Where, in cases like the above, it is impossible to bring down a leg, the blunt hook then becomes a valuable aid to us. I have had the misfortune to meet cases of this kind, and at p. 316 of Vol. I, I have made a few remarks on their general management. The history of one of them may very appropriately come in here; it came before me a good many years ago, and left a strong impression on my mind.

A deformed little woman with a short leg fell in labour of her first child. The dilatation of the os uteri was very tedious, occupying many hours. When nearly completed the old gentleman who had charge of the case, not finding any part of the child within reach, ruptured the membranes and ascertained that the breech presented. He might at same time have discovered that the brim of the pelvis was defective in the conjugate diameter, but he failed to do so, or, more probably, he did not think of making inquiry on this important point. Many hours elapsed without the breech making any advance, it remained quite at the brim. At this stage the management of the case fell into my hands. With a view to bringing down a leg, I passed up my hand into the uterus, in doing which the pelvic deformity was detected. After much exertion I succeeded in reaching a foot posteriorly, but the uterus was closely contracted, and no force that I could use was sufficient to bring down the leg, and, like our author in the foregoing case, I had reluctantly to abandon the attempt. After immense and prolonged exertion the breech was extracted with the assistance of the blunt hook, and the head delivered with the crotchet after cephalotomy through the mouth and base of skull. Hæmorrhage followed, and the placenta had to be manually extracted. On the fourth day after delivery the patient died.

Now the grave, fatal error in the management of this case was the omission to bring down the legs of the fœtus at the time of the rupture of the membranes when it was found that the breech was presenting. This was exactly the course pursued by Smellie in Case 312.

In all cases, therefore, where the presentation remains out of reach, and the hand has to be introduced to determine its nature, we should at same time be careful to note the capacity of the pelvis; and should any other part but the head present, a leg should at once be brought down, as no more favorable opportunity will occur

for our doing so. If the head be offering at the brim, and that the pelvis appear at all undersized, it would be prudent to seize this opportunity of bringing down one or both legs into the vagina and delivering the child by version.]

CASE 382.—*Primipara ; the Shoulder presented ; Hæmorrhage ; the Fætus delivered by tearing down the Body with the Crotchet.* 1722.—The woman was young and strong. This was her first child ; the membranes broke the day before ; she had strong pains all night. When I arrived in the morning, I found the shoulder forced down to the lower part of the pelvis.

Having placed her in a supine position, with her breech high and her head and shoulders low, I was obliged, after dilating the os externum slowly, to use greater force before I could raise the shoulder so as to introduce my hand into the uterus. I found that the left shoulder presented, the head was turned back to the right, and the fore parts to the back part of the uterus.

The position being known, I tried to push up my hand to come at the feet, which were folded up to the fundus uteri, but turned in operating to the right side. Finding that I could not possibly reach them with my right hand, which was now beginning to be weary and cramped, I withdrew it, and attempted to introduce my left ; but the head was so firmly engaged at the right side, that I could not possibly gain admittance. I again tried with my right, and repeated one effort after another, changing hands, and altering the position of the patient, till I was at last excessively fatigued, and obliged to desist. I rested about half an hour, considering what I should do next, and waiting until I should recover the use of my arms.

By these efforts, and the exertion of great force, a considerable flooding was brought on ; and this alarmed me not a little, especially as it was one of my first cases, and I had not yet attained that calm, steady, and deliberate

method of proceeding, which is to be acquired only by practice and experience. I had over-fatigued myself, from a false ambition that inspires the generality of young practitioners, to perform their operations in the most expeditious manner.

[While these words contain a strong censure on his own conduct, they are also words of weighty wisdom to the young practitioner, and should be treasured up in his memory. There are few men who cannot charge themselves with having erred in this way at the outset of professional life. At the time this case occurred (1722), Smellie was only twenty-three or twenty-four years of age; and there is much excuse, therefore, for the errors of which he speaks so frankly and so deprecatingly.]

Finding I could not reach the legs, I insinuated my right hand up to the left side of the child, and along that introduced a crotchet with my left above the ribs; there this instrument being firmly fixed, I withdrew my right; then taking a firm hold of the handle of the crotchet with that hand, I pulled down the side while I pushed up the shoulder with my left. By these means, after repeated trials, and using a good deal of force, the head and shoulders were so raised, that I was able to bring down the body double, and the head followed.

I was glad to find, that although the child came in this manner, and all of a sudden, the woman was not at all lacerated or hurt.

When I examined the child, I found the crotchet had fixed first on the left side of the belly, which it had tore open, as well as the false ribs; so that most of the contents were evacuated, and the body was allowed to pass along double.

One mistake I made at first fatigued me much before I was aware: my hand had run up on the outside of the membranes.



CASE 383.—*The Arm, Shoulder, Ribs, and Neck, pushed down without the Os Externum; Complete laceration of Perineum; Evisceration.* 1730.—The midwife told me, that when she was called the membranes were broken, and the hand lay in the vagina. A gentleman in that neighbourhood had been called, and attempted delivery: but hearing I was sent for, he took horse and rode off.

I found the arm, shoulder, neck, and part of the ribs pulled without the os externum. When I inquired of the midwife, if these parts were forced down in that manner by the pains? She said, that before the other practitioner came, the pains had pushed the child so low that the arm came out; but that she had folded it up again into the vagina, and kept it there till he arrived. She owned, that after he had failed in attempting to turn the child, she assisted him in pulling at the arm with great force, but could not bring the body farther; and when he proposed taking off the arm, the woman desired I might first be called.

I then, with the midwife, inspected the parts, because I could find no fundament, and showed her that the vagina and rectum were tore into one.

The arm, though not much swelled, was livid, as well as the other parts of the fœtus that appeared externally; for it had lain in that manner three or four hours at least from the time I was sent for.

I never expose the parts of my patients except on such extraordinary occasions, when it is necessary to observe whether any harm has been done.

After I had endeavoured, without success, to push up these parts into the uterus, first by placing the woman in the supine position, and afterwards on her knees and elbows, I was obliged to introduce the crotchet, and deliver the child in the same manner as directed in the former case.

The parts were much inflamed; but by the application



of bread and milk poultices, the swelling subsided, the lacerated parts digested, and she with difficulty recovered.

About two months after her delivery, being in that part of the country, I called at her house; and contrary to what I had observed in all other cases of such large lacerations, in which the parts are commonly so weak as not to be able to retain the fæces, the parts in her were so contracted, and the passage was become so narrow, that she voided them with great difficulty. (*Vide Collect. XL.*)

CASE 384.—*Primipara; the Arm protruded and swelled; the Arm and one of the Legs pulled off; the Body and the Head delivered with the Crotchet; subsequent Labour and Death.* 1748.—The midwife called on me, and begged I would prescribe some medicine to promote the delivery of a woman whom she had attended two days; she said the membranes had broken soon after she went thither, and one of the arms coming down, was pushed without the parts; but she had kept it warm. I told her the woman should have then been delivered, and no medicine could do any service.

In about two hours I was sent for, and found the forearm without the os externum, much swelled. The woman was little, not young, and this the first child. I tried several times to push up the arm and shoulder of the fœtus, but was prevented by the largeness of the arm and smallness of the pelvis. I attempted to bend the arm [which was the right], so as to fold it up into the vagina, that I might push it up before my hand; but the swelling was so great at the elbow, that I could not bend it. I then pulled and twisted round the arm, and endeavoured to separate it from the shoulder, but could not with all my force. I pushed up the fingers of my left hand to the arm-pit, and tried to snip through the skin and ligament; but it lay so high, and was thrown so much forwards by the distorted

parts at the brim of the pelvis, that I could not get up my fingers or scissors sufficiently to that part. I wrapped the forearm in a cloth, and pulled and twisted it with great force, so that at last it separated at the elbow. I was sorry for this incident, apprehending there was less hope of pulling off the arm when the firm hold of the forearm was lost ; however, contrary to expectation, I found the same advantage as if it had been pulled from the shoulder ; for the arm being short, easily folded up in the vagina, to the side of the fœtus.

I now gave both the woman and myself some respite, that we might recover from fatigue. Having resumed my labour, the arm and shoulder were pushed up into the uterus. Then I felt at leisure the position of the child. The head folded back betwixt the shoulders above the pubes ; the left arm and leg lying over the breast, and to the side and back part of the uterus. I now repeated my efforts, and by pushing up higher, got a firm hold of that foot betwixt two of my fingers ; pulling down this and pushing up the breast, I brought the leg down without the os externum. Having wrapped it in a cloth, and taken a firm hold with my right hand, I pushed up my left, to try to bring in the right hip, which lay over the pubes ; but found it impracticable to reach so high, on account of the narrowness of the pelvis. Endeavouring to pull the left leg and thigh, so as to bring the hips lower, after reiterated efforts, and increasing the force every time, instead of bringing the body lower, I pulled the thigh from the hip. I was obliged to rest again, to recover from this second fatigue.

I again introduced my right hand into the uterus, and with great difficulty brought down the right leg ; but the pelvis being too narrow to allow passage for the body, which was large, I had recourse to the crotchet, with which I tore open the belly. I was obliged to use the same method in

tearing open the breast, to bring down the shoulders and the arms; and afterwards to rest a considerable time to recover my strength, which was almost exhausted, before I attempted to deliver the head, which I was certain would require still a greater force.

Finding the face and forehead were to the left side, and a little forwards towards the left groin, after getting an assistant to hold up the body of the child, I insinuated my right hand at the left side of the sacrum, and introduced a crotchet in the same cautious manner, as described in the second case of this Collection, along at the left side of the bones that were distorted, and formed a large hollow at that part, which allowed room for the instrument to pass easily. Having now altered my crotchet from the straight to the curved form, the point went higher up, and fixed near the vertex. Bringing down my right hand, I pulled gently at first, till I found it was firmly fixed; I then began to extract with greater force, while at the same time I pulled the body with my other hand. By reiterating these efforts, I got the head at last delivered, but not before I changed hands, and was obliged to pull the crotchet with my left, which brought the forehead from the left groin, backwards to the side of the sacrum.

The crotchet had tore all the left bregma down to the temple; a laceration which allowed a large part of the cerebrum to evacuate, and the bones of the cranium to collapse. The great force used in turning the foetus had brought on a flooding, which diminished on the delivery of the child and placenta; part of the last, however, adhered so firmly to the right side of the fundus uteri, that I was obliged to separate it with the fingers of my left hand. As the woman complained of great pain, and her pulse was a little sunk from the large discharge, I ordered an anodyne mixture, with 20 drops of *Laud. Liq.* and half an ounce

of *Syr. e Meconio*, which had the desired effect, by procuring rest, and a plentiful perspiration; and although the weakness and pains continued for many days, yet she recovered.

About two years afterwards I was again sent for; but being engaged, another gentleman was called, who told me that he was obliged to open the head, and was vastly fatigued in extracting both it and the body; this violence threw the woman into a violent fever that destroyed her.

Probably the losing so much blood when I delivered her, might prevent the inflammation and fever.

This case so fatigued me, that I was obliged to shift, and go to bed after I was carried home in a chair. My hands were so swelled that I could only use my fingers like a gouty person for a day or two.

CASE 385.—*Both Arms pulled without the Os Externum; the Breast to the lower part of the Pelvis; Hæmorrhage; Death of patient.* (The Case happened 1734).—There had been two midwives with this woman for two days; one of these was her mother. Both arms had been down most of that time, and these they had often pulled to bring the child as it presented.

I found both arms pretty much swelled, and one was almost pulled from the shoulder; for it only hung by part of the skin, which I snipped off with the scissors.

I inspected the part, and found the remaining arm and parts of the woman livid, but not tore.

The patient was then flooding, and had lost a great deal of blood; from which, joined with the long fatigue of labour, her strength was so exhausted, that she appeared in a dying condition.

I suggested my apprehension to the husband and friends; who begged me, if possible, to deliver her before she expired.



Contrary to my expectation, although the breast was pulled low down, I easily pushed it and the arm up into the uterus, and brought the child footling.

I had no hopes of her recovery, although she seemed to revive a little, from the joy of being delivered; because I was pretty certain that a mortification was begun, from the livid appearance of the external parts, and her complaining of no pain, when I introduced my hand into the vagina and uterus.

The placenta was all detached, and lying loose in the uterus. This was not her first child. I was called in the evening, and she lived till next morning.

CASE 386.—*One Arm presented; Legs brought down and pulled off; the Child delivered piece-meal; the Pelvis small, and the Child large.* 1730.—One of the arms had descended, and been so pulled by the midwife, that the shoulder was down to the os externum.

I tried to raise the shoulder by passing up along the arm, which was excessively swelled and livid, it having been down in that position above twenty-four hours; but I could not introduce my hand. Considering that the child was probably dead from its being so long in that situation, and its not being felt to move by the mother for many hours, I thought it was most expedient to separate the arm from the shoulder. This last being low down, I guided the points of the scissors to it, and easily separated the arm; partly by cutting the skin and ligaments, and partly by pulling and twisting.

In pushing up the shoulder into the uterus, I found that the pelvis was small and the child large. I brought down only one of the legs, which was pulled off, as in Case 384; then with great labour I brought down the other, which gave way also by the force of pulling.

I was afterwards obliged to tear down the body with



the crotchet, and even to fix the same instrument on the head.

Being the straight kind, it slipped several times, and hurt the inside of my left hand in two places, while I guided the point from hurting the vagina of the patient. At last, gaining a firmer hold above the ear, I fixed the fingers of my left hand over the shoulders, and pulled with great force, both at the body and crotchet. Finding it did not move, I wrapped a cloth round the shoulders, and pulled at them with so great force, as almost to separate the head. By these means the head was brought a little lower; yet not daring to exert again such violence at the body, I pulled by the crotchet, which brought the head down to the os externum; and in raising the body and pulling it upwards, it at last separated.

The head, however, being brought low, I took hold of the under jaw; and pulling at that, while I exerted more force at the crotchet, the head was also delivered.

The woman behaved with great courage, although she had been much fatigued, and weakened by a flooding brought on by the great force that I was obliged to exert in turning the fœtus. This woman also recovered, contrary to everybody's expectation.

CASE 387.—*The Breast, Neck, Funis and Chin presenting; Hæmorrhage; the Woman died before the Os Uteri could be sufficiently dilated to deliver the Child.* 1753.—The midwife told me that, when she was called, the membranes were broken; and although the mouth of the womb was very little open, she found that the child did not present fair.

A gentleman was sent for; but he being otherwise engaged could not attend. Mr. Smith was then sent for at six; and finding that the pains, which were frequent and strong, could not push down the presenting parts to open the os uteri, he tried to stretch it; but not being able to

dilate more than to introduce two fingers, and a flooding coming on, he sent for Mr. Mackenzie, who then attended me as senior pupil.

He likewise tried to dilate; and finding, although the os uteri yielded considerably, he could not possibly introduce his hand, he desired I would come about seven.

He told me that the funis was fallen down into the vagina, and that he had not felt any pulsation in it; that he had dilated the os uteri considerably; but that his hands being cramped and fatigued, he was obliged to desist.

I felt the woman's pulse, which was still pretty good, and not much sunk. Considering that the pains were now weak, and could do little service in pushing down the child to stretch the os uteri; being also afraid that the woman would grow weaker and weaker, and having never before failed in stretching the os uteri in women that had children before, which was her case; I resolved to attempt it without delay.

I examined in the side position; but as that and the supine had been tried before, I had her placed on her knees and elbows; and found that the mouth of the womb was so largely opened, as to receive all my fingers up to the middle of the third joint; but I could not stretch it so as to introduce my hand.

I then rested, and felt more exactly the position of the child. The breast and neck presented, and the chin was to the right ilium. I then considered, that if I could bring in the face, and keep up the woman's strength, the pains might return, and force them down gradually, dilating the os internum at the same time.

For this purpose, I had her changed to the supine position; and introducing the fingers of my left hand, with great difficulty got two of them above the chin into the mouth, and tried to pull it from the side into the middle

of the pelvis ; but the neck and breast were so engaged in the middle, and the head pressed back on the shoulders, that I could not possibly alter the position.

Being now certain that the child was dead, I introduced a crotchet, covered with the sheath, along the inside of my left hand, and fixed it when unsheathed in the under jaw. Finding, however, that it would tear down the jaw, and not bring in the face, I withdrew the instrument.

The funis all this time was a great interruption, by falling down and entangling my fingers. I again gave the woman some respite, especially as she was now growing a little faint, and the flooding, which had abated, was returned.

After she was recruited, I tried again to dilate the os uteri, having found in other cases that it dilated easily when the patients were faint and weak ; but found the same difficulty as before.

I once more endeavoured to introduce the crotchet at the other side, to come at the shoulder, in order to try if the pulling down of the parts would stretch the os uteri better than pushing up.

I was apprehensive of using any greater force by pushing up, lest I should tear the uterus from the vagina : but finding that I could not fix the crotchet to advantage, I again withdrew it.

All this time the os uteri felt as if it was two inches thick. The woman being much exhausted, I had her laid in an easier position, and let her lie a considerable time, both to recruit her spirits, and to see if the pains would return. In the meantime, I sent for Mr. Burnet, who was first called ; who being now disengaged, came immediately. He also endeavoured to introduce his hand : but finding it impossible, we all agreed to desist, and to wait, as the flooding was abated ; for although she had lost a good deal of blood, yet it had been very gradually discharged.

Our intention was to support her with broths and nourishing things, and as she inclined to sleep, to indulge her with some repose. Meanwhile we went to breakfast at a coffee-house, where we proposed to wait the issue of this uncommon case. I resolved, if happily she should recruit after some rest, and recover from the low faintish state in which we left her, to try again in a gentle manner to stretch the os uteri; and if that did not succeed, to dilate it with the scissors, as in the Cases 389 and 396 of this Collection.

In about half an hour, one of the pupils being sent to see how the patient rested, was met by the husband coming in a great hurry, to acquaint us that his wife was fallen into convulsions. Before we reached the house she had expired; a circumstance which surprised us not a little. I indeed was in hope when we left her, that she would have enjoyed some sleep, which might have recruited her strength; and then the os uteri would probably have yielded, as I had found in the like cases before. I had even in a few cases known the os uteri tear, and the patient recover.

Rather than let the woman expire without any chance of being delivered, I had determined to dilate the os internum. This expedient, however, I think should never be attempted, but in the last extremity.

I reflected after this sudden change, as the flooding was not violent, and the woman at first not so very weak, whether it would not have been better practice to have waited longer for the efforts of nature to open the parts.

This case ought to be a caution to all practitioners, to wait the efforts of nature, and not to use too great violence in stretching the os uteri, especially when the patient is not in absolute danger.

On the other hand, if these efforts had not been made till the woman was weak, I should have thought we were



too long in assisting : especially as I never met with a case of this kind before, where I did not deliver the patient.

The membranes had broken the evening before ; and the midwife, by an uncommon feel of the parts that presented, suspected that the fœtus presented wrong.

Mr. Burnet, who had the care of the poor of the parish, when called, was not at home. She was in strong labour most of the night, but had not force to push down the child in that double position to open the os internum. When the first pupil arrived at six, the pains became weaker, and a small flooding had begun.

All these circumstances considered, seemed to indicate the practice we followed preferable to delay, especially as we did not expect that the patient would have been carried off in so sudden a manner.

CASE 388.—*Twins ; the Face of second presenting ; the Child brought Footling ; the Abdomen swelled, opened with the Scissors ; the Hips pulled from the Body ; and this last delivered with the Crotchet.* 1749.—This case happened to one of the poor women, whom all my pupils were allowed to attend. One of them delivered her of one child ; and my midwife finding that there was a second presenting wrong, immediately sent for me. The membranes of the second had broken immediately after the first was delivered.

Finding the face presented, and having put the patient in a supine posture, I allowed all present to examine the position.

Then, as the waters were not all gone, I very easily turned the head up to the fundus, and brought down the legs.

I observed, that the child had been dead many days, from the circumstances of the legs being livid, and most of the scarf-skin stripped off. A cloth being wrapped

round the legs, I tried to pull down the hips ; but could not bring them farther than the brim of the pelvis. I introduced my right hand betwixt the sacrum and thighs, and found that obstruction proceeded from the abdomen's being excessively swelled, and turned to the back part of the uterus. I again pulled the legs with greater force ; but began to be afraid they would separate from the body. I introduced the fingers of my left hand to the swelled abdomen, and along that the scissors with my right, and pushed them into the abdomen of the foetus, just above its pubes. Withdrawing the scissors, I introduced two fingers into the opening, and pulling there with my fingers, while I grasped the legs with my other hand, tried to bring down the body ; but being obliged to increase the force, all of a sudden, and unexpectedly, the hips separated from the body at the loins.

Having now no hold to pull by, I introduced my left hand into the uterus, and along that the crotchet with my right ; fixing this instrument on the ribs, I began to pull ; but the hold gave way. I made several attempts in the same manner, fixing the crotchet higher and higher, and in different places ; but as often the parts tore down, though the body did not move.

I endeavoured to keep it firm with my left hand, while I fixed the crotchet with my right ; yet the body was so slippery, that it could not be held firm.

My being obliged to bring out my left hand, as often as the hold gave way, with the crotchet, to guard its hurting the patient or my hand, fatigued me so much, that I was obliged to rest two or three times. At last, tracing up with my hand farther than before, I again introduced the crotchet, and got a firm hold above the shoulder ; then bringing my hand lower down, I took hold of the vertebrae of the back. By these holds I brought down the body, and the head followed easily, as the child was not large.

I have had some cases of the same kind since, in which the delivery was retarded by the tumefaction of the abdomen ; but I pulled at the legs with more caution, for fear of the same accident, and brought down the body with the blunt hook or crotchet.

[To perform version merely on account of the *face* presenting, is, I believe, bad practice ; and in the above case was specially so, as it undoubtedly occasioned a great deal of the trouble and difficulty which were subsequently experienced in effecting the delivery of the child. (On the treatment of face presentations, the reader is referred to Vol. I, p. 278.)

The separation of the hips from the body of the fœtus, as happened in the above case, is an accident I never have met with, and seems one that could hardly occur unless the fœtus was far advanced in decomposition and extreme force was used. Such a mishap would be calculated to disconcert any ordinary man, but it does not seem to have had any such effect upon Smellie, yet he confesses it taught him a lesson to be more careful in future how he tugged at the legs of a putrid fœtus. (In Case 399 the same accident occurred.)

Instead of fixing the crotchet on the ribs, as he did, if we were to fix it on the spine—and this should be done on its posterior surface—a good hold might be secured, and thus traction could be exerted with more effect on the fœtus.]

CASE 389.—*Primipara ; Premature ; the Face presented ; Flooding ; the Os Uteri snapped and the Child brought Footling ; Death of patient.* 1744.—The midwife informed me, that she was called about two in the morning, and found the woman in labour, with a small degree of flooding ; but that it grew more violent as the pains increased.

She signified to the friends that the patient was in great danger ; and about eleven in the forenoon I was called ; the membranes were broken, and the discharge diminished. In time of a pain I examined, and found the face of the child presented. The os uteri was open about the circumference of half a crown : it felt rigid, but very thin.

This was her first child, and labour had come on two months before her full time.

Her pulse was low and weak ; she had fainted several times ; but seemed to recruit a little, when told that more assistance was called, and begged earnestly to be relieved.

I ordered her to take every now and then a little red wine burnt ; and waited to see if the pains would return as she recovered strength.

I also prescribed an anodyne and astringent mixture of *Tinct. Rosar.* ℥iv, *Aq. Nucis Moschat.* ℥iss. *Laud. Liq. Gt.* x. *Syr. e Mecon.* ℥ss, two spoonfuls to be taken every half hour.

I was again called about two hours after, and informed, that although she lay quiet, yet she had enjoyed no sleep ; and that the faintings had returned.

As she seemed to be in imminent danger, I tried, as she lay on her side, to stretch the os uteri, and my efforts seemed to bring on a weak pain ; but finding this had no effect, I gradually dilated the os externum, till I could introduce my hand into the vagina, and then began to stretch the os internum with the fingers of my left hand contracted in a conical form ; but although the os uteri was so dilated as to receive my thumb and four fingers, and felt as thin as the edge of a piece of parchment doubled, I could not stretch it wider, even although I proceeded in a slow manner and at intervals. Finding the flooding return, and being afraid she would be lost if not soon delivered, I told her friends this was the only chance she had of being saved. I went to work again, and used greater force than before ; but to as little purpose : I could do nothing but cramp and weary the fingers of both hands. While I rested, I began to reflect that I had known some of my patients recover in cases where the uterus tore in stretching, and that some of them had even recovered without any unfavorable symptom following. As this there-



fore felt so thin and rigid, I found no way could be taken but to make an incision on the os uteri. For this purpose I insinuated two fingers of my left hand into it, and with my right introduced a pair of scissors betwixt the fingers. With these I endeavoured to snip the part; but finding I could not manage so as to cut through the edge, I pushed one of the points within three or four lines of the edge, and the other on the inside, and snipped through that part which was at the left side, but a little forwards, to prevent the laceration that happened afterwards from affecting the bladder, rectum, and large vessels at the side of the uterus.

Withdrawing the scissors, I introduced my left hand, and found the snipped part gradually give way, so much as to admit my hand, though slowly, and with some difficulty, into the uterus, where I easily turned and delivered the child by the feet. The child, however, was dead.

Although there was a pretty large discharge, yet it gradually abated after the placenta was delivered. She continued in a weak faintly condition till the evening, when she fell into little slumbers; but was attacked every now and then with cold and hot fits. I had given her several times a little of the anodyne mixture; also some burnt wine and chicken broth to support her, and recruit the exhausted fluids.

Next day, as the cold shivering returned once in three or four hours, I ordered some extract of the Cortex to be dissolved in red wine, and given betwixt the shiverings. The discharge was moderate; but nature being so much exhausted, she died the fourth day. (*Vide Cases 395 and 441.*)

[The profuse hæmorrhage present in this case urgently called for the delivery of the woman, and turning was obviously the mode to be employed. But the state of the os forbad this, and what was then to be done? In the present day the long forceps would be the alternative measure, as beyond all doubt the *os uteri* yields more easily

and more safely to a dilating force *ab intra* than to one *ab extra*; of this I am quite convinced. But in Smellie's position, and with the resources at his command, the wisest course that offered was the one he adopted, and though the patient eventually succumbed, there were other and more influential causes for this, than the incising of the very thin edge of the os uteri. (For further comments on the above case, see Vol. I, page 222.) In Case No. 327, he tore the os uteri in the act of forcing his hand through it, on account of hæmorrhage, and yet the patient recovered, although at one period of the labour her life was despaired of.]

CASE 390.—*Primipara ; the Head presented ; the Child large, and brought Footling ; but the Body almost separated from the Head before this last was delivered.* 1733.—I was called in the evening to a woman near 40, in labour of her first child.

The midwife informed me, that she had attended the patient two days; that the pains had been strong since morning, and after the waters came off; but that the head lay high, and did not advance.

I understood by other accounts, that the woman had been put too soon on labour, and was much fatigued. I felt both the os internum and externum largely open, by the midwife's having, as she said, worked hard to bring down the child, whose head lay above the brim of the pelvis.

The woman being much fatigued with fruitless pains, that were much abated, I had her put to bed, to try if she could enjoy some rest; and desired her not to force down, but when the pains obliged her. As she was costive, her pulse full, and quicker than usual, and her skin hot and dry, she was immediately blooded, and procured plentiful passage with a glyster. She enjoyed several refreshing sleeps betwixt the pains till morning, when the pains grew stronger, but still had little effect in advancing the head.

The pains again falling off, I was apprehensive, that if I waited longer, the woman might soon be in danger; and not imagining that the child was so large, I thought it was better to try and deliver it by the feet. It required a great force to turn the child, so as to bring down the legs, and even after that, to deliver the body and arms; so that I was obliged to rest several times. I afterwards used all the caution imaginable to bring down the head, so as to save the infant; but at last was obliged to increase the force to deliver the woman, and pay less regard to the child.

By these last violent efforts, both the under-jaw and neck began to separate. I was obliged to desist, as I found that one of the joints of the neck was entirely separated, and that only about one half of the skin of it remained untore. I thought it would be easier to fix the crotchet on the head now than when separated from the body; for although the hold at the neck was slender, yet it kept the head steady. I directed an assistant to hold up the body of the child, while I introduced my left hand along betwixt the right side of the vagina, as the woman lay supine. Then I introduced the crotchet, and delivered the head, though not without a good deal of force, and difficulty in fixing the crotchet, which was the straight kind.

Even if I had at this time (1733) known the use of the forceps, they would have been of no service in this case; because the head was so large, and so little advanced in the pelvis. The fault was in not waiting longer; for I have had many cases since, where waiting patiently, the head has advanced, and been delivered with the pains, or with the forceps. The pelvis was not narrow.

[Smellie's own judgment on the practice followed in this case is the true one. His "fault was in not waiting longer." It is true he knew nothing of the mode of using the forceps at the time (1733) this case occurred (though probably he had heard of some such instrument); still if nature failed to accomplish delivery, the

resource of the crotchet would certainly have given the woman a better chance for her life than the double operation of turning and craniotomy.

As he says the pelvis was not narrow, the great difficulty in extracting the child must have proceeded from its bulk and from its having been the patient's first labour.]

CASE 391.—*Pelvis distorted; Four successive Labours.* 1746.—This woman was remarkably tall, and to outward appearance well formed for bearing children; but on inquiry after delivery, I found that she had been sickly and weak for the first four or five years of her infancy.

I was called to her, when she had been long in labour of her *first* child, and was obliged to diminish the head before I could deliver.

I was called sooner when she was in labour of her *second*; and although the head presented, I tried to save this child, by bringing it footling. The body passed with difficulty, from the projection of the last vertebra of the loins with the os sacrum. After I had brought down the body, I endeavoured, before the arms came down, to move along the head, first by pressing down the head as she lay in the supine position; then I attempted to bring down the forehead by pushing upwards: finding, however, that the forehead rested against the distorted part, I tried with my fingers to press it to the side; but the arms filling up the parts at the sides of the pelvis by the brim, I was obliged to bring down both arms, in order to obtain more room.

After having pushed the forehead to the right side, which seemed to be the widest, I introduced my fingers into the mouth, and began as in the former case, to pull in a cautious manner; but finding it did not move downwards, I exerted more and more force, till I found the neck giving way, and it was impossible to save the child. I was then obliged to introduce the curved crotchet, which was the first time that I had occasion to use it in such cases since altered



from the straight ; and found it particularly useful on this occasion ; for instead of fixing on the side of the head, it went up to the sagittal suture, which it tore open, and making a large aperture, it had a firm hold on the bones of the forehead ; by these means the cerebrum was sooner evacuated, the head collapsed, and was easily delivered.

I was called again in her *third* labour ; and as the head presented, proceeded in the delivery with all the precaution mentioned in lingering or laborious cases, till she was almost exhausted ; but after all, was at last obliged to deliver as in her first labour. The children were all large.

In her *fourth* pregnancy, she was luckily taken in the seventh month in labour, in consequence of a looseness and super-purgation, occasioned by eating too much fruit. This child, though the head passed with difficulty, was delivered alive ; and she has not been pregnant since.

[This case in its general features, as well as in the history of the woman's successive labours, bears a close resemblance to Cases 189, 190 (on which I have made some remarks at p. 259 of Vol. II), and Case 372.

CASE 392.—*A young Woman in labour of her first Child ; a narrow Pelvis ; Leg presenting ; the Body delivered ; Craniotomy.* 1749.—Mr. H— was called about two or three in the morning, and found a leg of the child presenting ; but when he tried to bring down the body of the child, he found that it was large, and the pelvis narrow. He sent immediately for Mr. W—in Bishopsgate Street, who brought down the body, but could not deliver the head ; neither did they choose to use great force, for fear of separating the body. Besides, Mr. H— did not choose to begin the practice so soon, being a stranger ; and Mr. W— was just come off a long journey, very much fatigued.

I being called, arrived about eight o'clock, and took two gentlemen along with me. Both Mr. H— and

Mr. W— had attended me about eight years before. I was glad when I found there was no flooding, and that the woman was strong, and no way sunk or wore out with the labour.

I had her laid across the bed, her breech a little over the side, and two of the gentlemen supported her legs ; one of them also supported her body till I introduced my right hand into the vagina.

I found the face lay backwards a little to the left side of the pelvis. I felt the lower vertebra of the loins, and upper part of the os sacrum, jet in so much, that it was impossible to deliver the head without diminishing its bulk. As we were certain, from the umbilical cord, that the child was dead, it was in vain to fatigue the woman and ourselves, by attempting to bring it away entire.

I pushed up the ends of my fingers, that were already in the vagina, past the os internum, but with difficulty, it being strongly contracted round the lower part of the head ; and by the largeness of the head, and narrowness of the pelvis, they were very much squeezed. I endeavoured to raise the head higher, to make more room, but could not, although I used a good deal of force. Then taking the handle of the crotchet in my left hand, I introduced it with the point next the child's head ; but at first trial could not get it to pass my fingers ; I withdrew them to make more room ; but the os internum contracted again so close to the head, that I could not get the end of the crotchet to pass. I again tried to force up the head with all my strength, and with great difficulty raised it a little higher ; a circumstance which affording more room, the crotchet passed the os internum, but not without bruising my fingers ; and the point slipped a little to one side this I again turned to the head. As I withdrew my fingers, the point slipped up easier, and I felt it slide along to the crown of the head.

I then brought down my right hand, and taking hold of the handle of the crotchet, used the same precautions as mentioned in Case 381, and delivered in the same manner, by fixing the point firmly, and turning the curved part of the crotchet over the forehead.

By pulling, the head was opened in the same manner, and delivered, but not without a great deal of force: the external parts of the woman were much swelled, but she was not tore.

Mr. H— called three or four times after, and told me the surface of the labia was grown black and livid; but I heard afterwards, that by applying poultices and fomentations, the inflammation went off, and the woman recovered.

Mr. H— informed me, that he believed Mr. W— was not so much fatigued, as afraid of leaving the head behind in the uterus; a case of that kind having happened some time before, in which the patient was lost.

CASE 393.—*Difficult Labour; Retention of Urine; Death of Patient undelivered; Coagulated Blood extravasated upon the Uterus; thickness of the Womb in a laborious Birth.* By Mr. JOHN PAISLEY, surgeon in Glasgow. From the 'Medical Essays of Edinburgh,' vol. iv, art. 33.—Authors having differed very much as to the thickness or thinness of the uterus of a woman with child; some, with Mauriceau and Dionis, asserting, that it turns always thinner as it extends; whilst others, I may say almost all anatomists, affirm, that it turns thicker as the woman advances in her pregnancy, and draws nearer to the time of her labour: or, to speak more properly, that in the several stages, the thickness of the sides of the womb keeps the same proportion to its cavity as in a natural state, the sinuses and vessels being proportionably enlarged as the uterus is extended. I say, this having occasioned some disputes among anatomists, I thought proper to send you

the following history of a woman who died in child-labour, where I had an opportunity of examining the thickness of it, and at the same time of discovering a fatal mistake in the midwife who attended her; who, by delaying to call for assistance in due time, was the unhappy occasion of the death both of mother and child.

Upon the 19th of June, 1730, I was called to a woman in labour, about a middle age, of a low stature, and pretty fat, who had borne several children, and found her in an exceedingly low condition, with cold sweats, and severe faintings, her extremities cold, without any pulse, and unable to utter one word, though she shewed some signs of being desirous to speak with me.

The midwife that attended her had gone off upon my being sent for, and left a young practitioner whom she was training up in that business, who gave me the following account of the poor woman's case, viz. that she had been several days in labour; and that all along the midwife imagined affairs were in a very good way, and the child, as she thought, in a very right posture, though after the waters broke, the child's head had never advanced by the strongest pains. Hence the midwife either blamed the mother for not bearing down strong enough when the pains came upon her, or else pretended that the pains were too faint and languid; and as there was no flooding, she never apprehended any danger, and therefore cheered up the mother and friends with the hopes of a good issue by a little patience; and as she had a good deal of other business upon her hands, she frequently left the poor woman for half a day together; and upon her return still found all things in the same situation she left them in.

From the first day the woman was taken with her pains she scarce made one drop of water; wherefore, on the fifth, the midwife suspecting that to be the cause of the birth's being retarded, sent to an apothecary's shop for a



strong stimulating diuretic mixture, to increase her pains and provoke urine, being assured all thing were right, only the pains were too faint, as no doubt they were, when the woman had been so long fatigued with her labour.

This having no effect, a stronger one was called for, which proved likewise unsuccessful; and all things continued in the same state, only that the woman's strength was continually decaying, till the sixth day at midnight, when I was sent for, and found her in the situation above mentioned. It is evident, that when matters were brought to this pass, the poor woman had not so much strength left her as to bear the fatigue of being put into a posture for being delivered, and that it was impossible to afford her relief. I acquainted the friends with it, assuring them that it would be madness to attempt it in these circumstances, being persuaded she could not live above a quarter of an hour; which accordingly happened, she dying in a few minutes.

Next day I prevailed with the friends to have her opened; and after I had cut the teguments, and laid them back, I was suprising to meet with a black membranous body, like coagulated blood (which it in reality was) covering all the fore part of the uterus, though distended so much with the child: this I easily separated in one cake from the uterus; and when it was spread upon the table, it was about a foot and a quarter long, and a foot wide, and a quarter of an inch thick. Whether this proceeded from the loosing out of blood from the substance of the uterus, by the strong pressure when the pains were violent, or from the rupture of some small vessels, either of the uterus, or some other part of the abdomen, I do not determine; for I could not observe the least appearance of any ruptured vessels in either, after the most accurate search I could make; nor was there one drop of blood in any other part of the cavity of the abdomen.

I know not if this is a thing that is always observed in such cases, having had no opportunity, before that time or since, to examine any such subject ; though no doubt it is a thing may readily happen in very laborious births ; and then it is no wonder if violent after-pains, fever, inflammations, and their consequences, follow ; for in such a bad habit of body as women in these circumstances are generally allowed to be in, it is scarce supposed that coagulated blood can easily be dissolved and again absorbed by the vessels, in so large a cavity as that of the abdomen ; wherefore by its stagnation and putrefaction it may bring on a train of bad symptoms ; the cause of which lying entirely out of the physician's power to know, it need be no surprise though he fail in his attempt to remove them : and I do not know but this may be one of the chief causes of those many disorders and frequent deaths that happen after very violent and laborious births ; though there are many other causes well enough known, which are capable of producing such like effects.

This phenomenon being what had never occurred to me either in reading or practice, I thought it would not be unuseful to acquaint the world therewith, to prompt those of greater abilities, or who have more leisure and more opportunities of meeting with proper objects, to inquire if such a case often happens ; how far the causes hinted are just, or what other causes may probably be assigned for it ; what sign it may be discovered by ; what method of cure might be proper in such a case ; and the like.

When I had removed this coagulated blood, I observed a large sac or bag full of water lying along the sides of the uterus, above the intestines, and reaching as high as the kidney of the right side. Upon feeling it all round with my hands, I found it was loose at its superior part, and appeared to come out from the pubes, where only it had an attachment. This, upon examination, proved to be

the urinary bladder, thus distended to a vast bigness, and thrust to one side by the pressure of the uterus on the fore part of the abdomen. I opened it, and measured the urine it contained, no less than eight English pints, or a Scotch quart.

The uterus was pretty closely contracted on the child ; and in opening it from the fundus to the cervix, I found it at least half an inch thick in the thinnest part, though a good deal more at its fundus, where I observed the sinuses so large as easily to admit the end of my little finger into them. The placenta adhered to the fore part of the fundus. The waters having been broken so long before, I could not expect to find the allantois.

The child had fallen down into the passage much in the natural way, only with its head a little obliquely to one side ; so that part of the frontal and parietal bones of the right side rested upon the pubes and neck of the bladder ; and by the violence of the pains, these bones had been pushed so strongly against the pubes, as to make a considerable indentation in them, and raised an inflammation for an inch or two round the contused part.

I believe I need scarce add, that if assistance had been called in time, the swelling of the bladder might have been prevented, by drawing off the urine with the catheter ; and if the child's head could not be easily stirred, then the child might have been turned and brought away by the feet, as is usual in such cases.

Hence midwives ought to be advised to call for assistance in due time, especially in a case of this nature, where both the mother and child's life are in so great danger, though there be no flooding, since it is one of the most difficult cases that can well happen in midwifery ; and thereby they may save two lives, and secure their own reputation. Hence also physicians and surgeons may take warning, not to trust too much to the report of midwives, who too often

pretend all things are in a fair way, and that there wants only some medicine to promote the pains, which they suppose are too faint and languid, because the head does not fall any lower ; while it may be owing to the above cause, as well as others mentioned by practical writers, when the giving of such medicines may be of the worst consequence.

CASE 394.—*A Woman thirty-five years of age ; Arm of the Child presented, and pulled off ; Hæmorrhage ; Narrow Pelvis ; Head delivered with the Crotchet after enormous difficulty.*—The membranes had been broken, and the waters were all gone, before I was called. The midwife told me the breech presented. Another gentleman had been called ; but he being afraid it would turn out a difficult labour, left her ; upon which I was sent for.

When I examined the woman, I at first imagined a leg and a hip presented ; but on pulling the supposed leg, which was lying in the vagina, I found it an arm, and very much swelled. It appeared very plain to me, that the midwife had pulled very strongly at the arm, because it was swelled, and the ends of the bones at the shoulder and elbow were stretched to a considerable distance. She had, after her fruitless endeavours to extract the child, doubled up the arm into the vagina. When I told her it was the arm, she said she had felt the fingers lying as she imagined with the leg. However, as it was my business to deliver the woman, I said no more.

I laid her supine across the bed ; two women supported her legs and thighs ; her nates were raised, and brought a little over. I tried first to introduce my right hand betwixt the arm and the os sacrum, but could not pass it into the uterus from the bulk of the arm, and the projection of the upper part of the os sacrum with the lower vertebra of the loins : it was the left arm that was down



the left shoulder was pushed in at the brim ; the fore parts of the child were towards the belly and left side of the woman.

Finding, after repeated trials that I could not get up my hand, and that there was more room at the sides of the pelvis, I turned her to her left side. I renewed my endeavours ; but the bason being narrow, and the arm of the child so much swelled, I was obliged to desist, and to proceed with caution and by degrees, lest I should lose the strength of my arms, by working too much and too long at a time. I next tried to push up the arm into the uterus ; but the contraction of this last was so great, that it was in vain to attempt that method.

As the woman had no flooding, and her pulse was strong, I rested a few minutes ; during which I considered, as it was very probable that the child was dead, or would soon die, from the arm's being so much swelled and overstrained at the joints ; as the meconium, according to the midwife, had for four or five hours been coming down also ; and as the pelvis was extremely narrow, it was ten to one that I could not deliver the head without the help of the crotchet. All these circumstances made me think it more advisable to separate the arm at the shoulder from the body.

To do this with greater ease, I pulled down the arm with a good deal of force, introduced my hand below it into the vagina, and my finger up to the shoulder ; but my fingers were so squeezed betwixt that and the projection of the foresaid bones, that I could not divide it with the scissors ; and in my attempts to push up my hand, I found that the forearm obstructed me most. I then separated this at the elbow. After having rested a minute or two, I again tried to push up the arm and shoulder ; the arm I folded up, and the shoulder gave way a little : but by this time my own right arm was a little weakened, and the hand being cramped and a little bruised on the back part,

from the projection of the bones, I again turned her on her back, afterwards on her right side, and tried with my left hand; but that was in a little time more disabled than the other.

Once more I turned her to her left side, and rested about five or six minutes. I now found that a flooding was begun, so that there was no time to be lost. I introduced my right hand into the vagina; but the bones backwards still hindered my hand. After turning her a little more towards her belly, I got again the arm folded up to the shoulder, and both raised so high, as to pass my hand up to the fundus uteri. The muscles of the thick part of my arm were so much pressed, that if I had not got one of the feet very readily, I must have withdrawn it again. Grasping the heel and fore part of the foot between my fore and middle fingers, I brought it into the vagina. I then rested a little, and by degrees fixed a noose upon it. I really thought, in the middle of this last effort, I must have given up this method, and have tried to introduce the crotchet, to fix it on the breast or ribs, and by that means tear down the body off the child into the vagina.

The feet being brought down easily by the noose, I introduced my right hand, and raised the shoulder and head so much, that by pulling the noose with my other hand, on the outside, I brought the breech down to the brim of the pelvis. After another intermission of a few minutes, I took hold of the leg, being the right, with my left hand, and introduced two fingers of my other to the outside of the left groin; but, after several trials, could not get that hip to advance. I then introduced the crook of the handle of the blunt hook to the outside of the groin. Feeling that the blunt point was past in between the thighs, I wrapped one cloth round the crotchet, and another round the right leg; and pulling both with a great force, brought down the body and shoulders without the os externum.

The weather was remarkably cold for the season of the year ; there was very little fire ; and yet I sweated so much, that I was obliged to throw off my waistcoat and wig, and put on my night-gown, with a thin napkin on my head. I then endeavoured to deliver the head, by introducing the fore and middle fingers with my right hand into the child's mouth, which was to the back part and left side of the pelvis, but could not move it. I now brought down both the arms of the child, and introduced my right hand into the vagina, and the points of my fingers passed the os internum, along the face of the child.

In the mean time, I caused one of the women to hold up the body of the child, to give me more room to work. I introduced a curved crotchet, which had a thick wooden handle, with my left, the point to the child's face, and up along to the crown of the head. It fixed upon the head ; but finding the point a little on one side, I moved it into the middle, by turning the point, and keeping the handle back to the perineum and the upper end, in an imaginary line, to the middle space betwixt the navel and the scrobiculus cordis of the woman. When this was done, I brought down my right hand, and with it took hold of the crotchet : I laid the body of the child on my right arm ; I placed two fingers of my left hand on each side of the child's neck and over the shoulders, and began to pull with both hands, slowly at first, till I found that the point of the crotchet had a firm hold in the head. I increased the force of pulling the crotchet, and found that it came down about two or three inches without moving the head. Apprehensive that the point had not entered the skull, but only tore down the hairy scalp, I raised it up to the former place, and renewed my effort. It came down as before, but held fast above the forehead ; I then rested, and afterwards began to pull both the crotchet and body of the child with greater force. I found some of

the cerebrum coming out, and the head moving a little lower.

I continued to rest and pull by turns, until the head lessened, and was squeezed by degrees into a smaller bulk. After it had passed through the narrow part of the brim, it was delivered with great ease. The placenta being already loosened from the uterus, was immediately forced into the vagina. I took hold of the umbilical cord with one hand, and the edge of the placenta with the fingers of the other; by which means it was soon extracted. The uterus soon contracted into a small bulk. I examined with my fingers the perineum, and found that it was not in the least cracked or tore. The woman bore all these endeavours with great courage; her pulse continued good and strong; the discharge of blood was not great, and did rather service, for the parts were lubricated and relaxed by it.

When I examined the child, I found the curvature of the crotchet had allowed the point to go over the forehead, too near the turn of the hair at the crown, and it had tore open all along the sagittal suture through the fontanelle, and fixed on the thick part of the skull at the forehead, which a straight crotchet could not so easily have done. The opening was about three inches long, and about a third or fourth part of the brain was evacuated.

I ordered the woman to be kept quiet, and to drink frequently of warm caudle. I called two days after, and found her pulse strong, quick, and hard, with pains in her back, belly, and head, and a difficulty in breathing; she had got but little rest, and had sweated none: she told me that neither she, nor any of her sisters, could sweat or bear sweating: the discharges had gone on very well, but were abated more than usual that day. I advised that she should immediately lose twelve ounces of blood from her arm, and drink plentifully of barley-water, or water-gruel. The nurse had



given her very little drink. She was soon relieved, and recovered much better than I expected. She was a little woman; and as I could judge by the difficulty of my hand passing, it was not above three inches and a half, or three quarters, from the upper part of the os sacrum to the pubes. If I had not rested a great many times, and proceeded with caution and deliberation, I should have failed in turning the child; and if I had pulled with too great violence at the body, I should have separated it from the head, which it was very difficult to open and extract in so narrow a pelvis.

[On reading this history attentively one can hardly withhold from admiring the patience and the indomitable perseverance of the operator. The amount of bodily fatigue he experienced in what we may call the first stage of the operation, is described in brief but graphic language. Smellie, divested of his coat, wig, and waistcoat, habited in a night gown, with a thin napkin on his head, and toiling like an athlete, must have been a sight worth looking at!

Having satisfied himself that the child could not be living, and failing after repeated efforts to get up his hand for the purpose of turning, he was surely at liberty to act without any regard for the *foetus*; and then detrusion, or even evisceration (as in Cases 382, 383, and 384) would have enabled him to effect delivery with far less pain and risk to the unhappy patient, and far less trouble to himself, than the method by which he proceeded.

Her recovery seems to have been a very unexpected occurrence.

CASE 395.—*The Arm presented, the Shoulder mistaken for the Head; the Arm pulled off: Turning: Child putrid.* (In a letter from Mr. MUDGE, Plymouth, dated 1749.)—He was sent for about eight in the morning to a woman who had been in labour all night, and the membranes were broken about eight hours. Her pulse was tolerably strong, though very quick, and her countenance very florid; circumstances owing to her drinking plentifully of spirituous liquors.

On examining, he found most part of the left arm hanging out of the passage, together with the cord, which was cold, flabby, and without the least pulsation. The head [as he imagined] was sunk down considerably, inso-much that he thought nature might be sufficient to push it forwards. He therefore left her, and prescribed some medicines to amuse. He called about eleven, and found no alteration, except that the pulse was so much sunk that he determined to deliver. Having introduced his hand, and moved it round what he thought the head, which felt loose, and exactly filled up the pelvis, he fixed the forceps with as much advantage and ease as he had done in former cases; but the instrument slipping two or three times, he desisted, and tried to turn and bring the child by the feet. However, the passage being filled up, he was obliged to twist, and pull off the arm from the shoulder.

He then, with great difficulty, pushed his hand into the uterus, and found that it was the upper and back part of the shoulder, as far as the spine, which had been pushed down, exactly moulded to the shape of the pelvis. This he all along had taken for the head, which was now found lying above the right side of the pubes, the feet being at the very fundus uteri.

With great difficulty he brought down the right leg; and by pulling at it, and pushing up the shoulder at the same time, he soon extracted the child.

The labour lasted about twelve hours, and the child was quite rotten.

The remainder of the case is carried to Case 480.

[This case teaches a good lesson on the need of caution and circumspection in forming our diagnosis. That a man of considerable experience like Mr. Mudge could have mistaken the shoulder for the head—the arm meanwhile being in the vagina—and under this false impression should actually have endeavoured to apply the forceps, seems scarcely credible. Not until he had utterly failed with the forceps to bring down the supposed head, and in conse-

quence of this failure had proceeded to turn the child, did he find out the mistake he had made. His candour in relating it is much to his credit.]

CASE 396.—*A Case of Flooding; the Os Uteri snipped and tore; the Arm presented; Version; Child putrid; Death of Mother, 1746.*—The woman was in labour of her first child, eight months gone, and the child's arm presented. She was attacked with a flooding; and had been in labour several hours. The membranes were broken, the hæmorrhage was a little abated; and the arm pushed down into the vagina. The os internum was open about one inch and a half, or the circumference of a half crown, and felt no thicker at the edge than a piece of thick parchment.

Having caused her to be laid in a supine position, I by degrees introduced my hand into the vagina; and afterwards my fingers into the os internum. This I endeavoured gently to stretch, by pushing up my fingers in form of a cone; but to my surprise, found it so rigid, that it would not dilate in the least.

I then used greater force, and repeated it several times, by using one hand till it was fatigued and cramped, and then the other; but all to no purpose.

Having failed in all these attempts, and recollecting from the former experience of a few cases, that by such force the os internum had been tore, and the woman recovered even when the os internum was much thicker (*vide* Case 441), I thought it advisable to introduce the scissors, and snip the edge of it. This operation being performed, it gave way so as to allow my hand to pass into the uterus. I then turned the child, and delivered it by the feet, which were much mortified, the child having been dead at least a fortnight. The woman seemed in a way of recovery; but complained of pain and soreness. About the fourth day she was taken with violent pains in the

head and a quick pulse ; but bleeding in the arm relieved her : on the fifth day after venæsection, she was seized on a sudden with a violent looseness, which weakened her much ; but it was restrained by anodyne and cordial medicines : the fever recurred, and she was again blooded on the sixth : but the looseness returned on the seventh ; which sunk her so that she immediately expired.

This was the second time that I had snipped the os internum when I could not stretch it, supposing that as it was so thin the dilatation could have no bad effect. Although I did not succeed in Case 389, I attributed the death of the patient in that case to her great weakness, from her being exhausted before delivery by the hæmorrhage ; but I hoped, as this woman was stronger, the same method would have succeeded ; especially as the child must in this case be brought footling. I say, I had found it tear considerably, and the woman recover ; but I afterwards reflected, that as the patient had not flooded much, I ought to have waited longer to allow the pains to push down the shoulders, and dilate the parts more. No doubt the violent force used first to dilate, and then the further dilatation when I introduced my hand, might bring on the inflammation, pain, and fever, which ended in a looseness.

It is amongst the most difficult things in midwifery to know in floodings, especially if the child presents wrong, when there are labour-pains, how long to delay the delivery : because if we deliver soon, and the woman dies, we are ready to reflect that it would have been safer to leave it to the labour to stretch the parts ; and when we delay too long, and the woman is too much weakened with the flooding, we are apt to think it would have been safer to have delivered sooner.

We find in cases] where the child presents fair, that the flooding commonly diminishes, or stops, on the breaking of the membranes in labour, and then the head is forced



down, and the woman is for the most part safely delivered; but here the wrong position prevents the delivery; and although the violence of the flooding is abated on the waters coming off, yet as there is a draining, this being long continued sinks the patient. This fatal case is inserted as another caution to young practitioners. (*Vide* cases 387 and 389.)

[The salient feature of this case bears such a resemblance to Case 389, upon which a few remarks have been made, so that nothing further need be said here.]

CASE 397.—*Arm Presentation; Pelvic deformity; Hæmorrhage; the Child brought Footling, and the Head delivered with the Crotchet.* In a letter from Mr. MUDGE, Plymouth, 1746.—He was called to a very little woman much deformed. She had been in labour two days: the waters had been discharged seven hours; her pulse was extremely low, and sunk, occasioned by a pretty large flooding.

He found the right arm in the vagina, together with the cord; the pulsation of which assured him of the child's being alive. He, after great fatigue, brought down the legs and body. Then he tried to deliver the head, at first with great caution, to save the child; but the pelvis being so very narrow, that the head was as immovable as a rock, he increased the force, and underwent a greater fatigue than he could describe.

He endeavoured to introduce the crotchet, and fix it on the upper part of the head; but his strength being so much exhausted, and the pelvis so narrow, he could not raise it high enough; but fixed it on the under jaw, and finished the delivery by means of his utmost force. The labour lasted about twenty-five minutes. The mother was perfectly well in a week.

CASE 398.—*Narrow Pelvis ; Face presented ; but after Turning, obliged to deliver the Head with the Crotchet.*

1749.—The woman had been in labour several hours before the membranes broke. Mrs. Moore, now Simpson, whom I had taught, and kept on purpose to attend all the labours with the pupils in the teaching way, was first called. She had assembled about ten of the gentlemen. Before the membranes broke, they could scarce feel any part of the child.

Being called, I examined, and could feel some part of the child resting above the os pubis ; but could not distinguish it to be the head. When the membranes broke it came a little lower ; but as it felt unequal, and not like the round and hard touch of the head, and still kept high, although she had strong pains, I thought it was more advisable not to wait any longer, especially as the woman herself told me, that in her former labour, which was her first, a gentleman was called, and was obliged to bring the child away piece-meal.

I then had her brought to the foot of the bed, as there was more room than at the sides : two of the pupils supported her legs. I kneeled, and at every pain introduced my right hand in form of a cone, by little and little, into the vagina. I then found it was the face and neck, with the chin to the left side of the pelvis : I also perceived the bones projecting inwards, where the lower vertebra of the loins join the os sacrum, and forming an acute angle, which was the occasion of the head's not coming down lower ; but although I found the pelvis narrow, yet the head felt but small ; and as it was too high for the forceps, there was a probability of saving the child by turning it, and bringing it footling.

The face filled the upper part of the pelvis so exactly, that some of the waters were still kept up in the uterus ; so that when I pushed up the head, it was with great

ease raised to the fundus uteri. By pushing it up quickly, the thick part of my arm filled the os externum and vagina ; so that the remaining waters were kept up, till I got the child turned with the breech and legs to the lower part. These I easily delivered, and expected also to have safely extracted the head, although the pelvis was narrow. I brought the chin a little to the left side, introduced two of the fingers of my right hand into the mouth of the child, and with my left held the body. I began at first to pull with a small force ; but as the head did not advance, was obliged to increase it more and more ; though to no purpose. I rested and pulled again with all my strength, till the fingers of my right hand began to fail ; then I changed hands, but without effect. I rested and changed hands again, and continued to pull till I found the neck and jaw begin to give way.

As it was now to no purpose to try any longer, because the child could not be brought alive, I extracted it with the crotchet in the same manner as described in the two last cases. The fore and middle fingers of my right hand were so overstrained by the great force of pulling in the mouth, that they swelled at the joints next to the back of my hand for several days, so that I could scarcely move them. Next day, the joints at my elbows and shoulders were swelled also. The woman recovered.

CASE 399.—*Head presentation ; Version ; Delivery with the Crotchet, the Fœtus being much swelled and mortified after dying in the Uterus ; the Hips separated from Body ;* 12th August, 1749, in Newtoner's Lane.—The woman had been beaten and kicked on the private parts three weeks before, so as to occasion a large swelling on the labia pudendi. She had not felt the child stir for fourteen or sixteen days. Some of the gentlemen that attended me, had been called two or three times some days before the

delivery ; but found it was not right labour. She was blooded and a poultice applied to the swelling, which relieved her, so that it was quite gone before she fell in labour. She was weak and low, having eaten or drank little since the time she had received the bruises on her body, which had rendered her incapable of begging about the streets as formerly.

When I examined, I found the os internum pretty much dilated, the membranes felt very thick. She had been several hours in labour ; but as she was weak, the pains did not force them down into the vagina. She was very big. I felt with difficulty the child's head, which lay above and over the os pubis, and below that a great quantity of waters.

I waited from ten or eleven till seven in the evening ; but there was not the least alteration in the parts. As the woman was weak, and I suspected that the child was dead, from the head's being kept up so high, occasioned by the belly's being much swelled and expanded with air, which made it specifically lighter than the waters, I resolved to try to deliver her, especially as she had formerly two children, and according to her account the labours were not lingering ; but suspecting there might be difficulty, I waited till all the gentlemen that attended me were convened. I had the woman laid supine across the bed, her legs supported by the two eldest pupils. At first I designed to have broken the membranes, that the head might be forced down when the waters were evacuated, and the uterus contracted ; but finding the membranes high up, and rigid, and that the os externum dilated with a small force, I altered my design, and introducing my right hand into the vagina, passed it up through the os internum into the uterus.

Having broken the membranes, I passed my hand within them, and found the child floating in a large quantity of



waters, which were kept up by my arm locking up the os externum. I then felt, and told the gentlemen that the belly of the foetus was largely swelled, and that I was then turning up the head to the fundus, and bringing down the breech and legs to the lower part of the uterus, at the same time placing the face and fore parts of the child towards the back of the mother.

When I brought down the feet of the child, the waters contained in the uterus issued out with great force along my arm, to the quantity of three or four quarts. I then brought the legs without the os externum, and the scarf-skin stripped all off. After wrapping a cloth round them, I endeavoured to bring along the thighs and breech ; but could not move them farther. I pulled with greater force, but found the legs were like to separate from the thighs. I then introduced the fingers of my left hand along the back part of the pelvis, and found the bigness of the belly was the principal obstacle. With my right I introduced the scissors, and pierced it with the points, on which a good deal of rarefied air and waters were discharged. After dilating the points to enlarge the opening, I brought them down, and introduced the fingers of my left hand into the aperture ; with these I got a firm hold over the os pubis of the foetus, and within the abdomen. By pulling at this, and with my right hand at the legs, the breech was brought without the os externum ; but then I found it was separating at the vertebra of the loins from the body of the child. I then rested a minute or two, and introduced the fingers of my left hand up to the breast of the child. With my right I passed up the point of the crotchet, and fixing it there, tore open the breast and ribs ; but in pulling at the crotchet with my right, and at the breech with my left ; the last was pulled from the upper part of the body.

I found on tearing open the breast, that a large quantity of water and blood were evacuated. The hold of the

crotchet giving way, I tried to fix it higher ; but every part tore so easy, that I could not bring down the body. I then was obliged to take out the crotchet and rest a little, for my hands and arms began to be cramped and enervated. After recovering a little from the fatigue, I introduced my right hand into the uterus, and tracing up to the shoulders, brought down one of the arms.

I attempted to fix a noose over the wrist, but it was so slippery, and the body so high, that I could not get within the os externum. I again introduced my hand, and was for a little while at a loss how to proceed to deliver the body and head to the best advantage ; because every part tore so soon where I fixed the crotchet. Without bringing down the body, I tried to push it up and bring in the head : but this last was so large and slippery, that I could not turn it down so as to get the hind or upper part to present.

Being again fatigued by these fruitless endeavours, I was obliged to intermit. I then resolved to fix the crotchet ; for which end I introduced my left hand up to the shoulders, and with my right got the point fixed so firm above one of them and the clavicle, that it did not give way, but brought it down into the pelvis, and without the os externum. I pulled slowly and with caution, lest a separation should happen at the neck, and then it would have been more difficult to deliver the head.

After I had got the shoulders without the os externum, I again rested that my strength should not be too much exhausted. I introduced two of the fingers of my right hand into the child's mouth, which was a little to the left side of the os sacrum, and above the brim of the pelvis, and with my left hand I pulled at the shoulders, which were wrapped in a cloth. Finding the head did not move, and that both the under jaw and neck were giving way, I again desisted. I now introduced the fingers of my right

hand up to the face and forehead, and with my left passed the crotchet up betwixt them, till I could find the point above the crown of the head. Having brought down my right, I then took hold of the handle of the crotchet with it, and the shoulders with my left. I tried several times if the crotchet had a firm hold, and gradually increased the force of pulling; by which means I brought the head down into the pelvis, and luckily delivered it: the crotchet had fixed near to the crown of the head, and had tore open the skull, from that part through the fontanelle to the bones of the forehead. At this large opening, the brain was squeezed out, the head collapsed, and came down with greater ease.

I was afterwards obliged, with a good deal of trouble, to separate the placenta, which adhered firmly to the fore part of the uterus: but could not effect the separation till I turned her on her left side. One thing was remarkable, and assisted me much, at least it prevented a greater fatigue. Every time I introduced my hand into the uterus, I found it still kept from contracting on the child, by some waters that remained; for although a vast quantity came off at first; yet when I brought down my hand, the parts of the child pressed so close down, that there was still some detained.

My greatest fatigue was occasioned by my being obliged so often to pull down and push up my hands, as well as by the slipping of the body and crotchet. If I had taken the first method I designed to follow, the difficulty, I believe, would have been much the same; for as the woman was weak, the pains would not have forced the head into the pelvis, even after the membranes were broken, and the bulk of the waters evacuated. Besides, as the head was large, and the hairy scalp swelled, the forceps could not have brought it down. The only advantage would have been after the head was opened, and extracted with the

crotchet, that the shoulders could have been easier tore down with the instrument, than the belly, opened in the same manner; after which there would have been no danger, as in the other way, of leaving the head behind.

[Turning in this case was a mistake, especially as there was every reason to suppose the child to be dead. The separation of the pelvis of the child from its trunk by the strong traction on its thighs was a repetition of what occurred in Case 388, and, curious to say, both these cases happened in the same year. In both of them the accident in question proved a source of much additional trouble and fatigue to the operator.]

CASE 400.—*Flooding before Delivery; Turning; Head obstructed by an Hydrocephalus; Craniotomy; Death of Woman*; 25th October, 1747.—A woman near her full time, of her second child, was taken with a discharge of blood from the uterus, which continued to drain for eight or ten days. She was by misfortunes reduced to low circumstances, and had suckled her first child till within three weeks of this labour. It then died; and her grief, joined to the shock of a sudden surprise soon after, was perhaps the occasion of bringing on the flooding.

When called to her, I found her pulse low and weak, though not frequent. She had no labour-pains; but had been attacked with frequent vomitings, which had helped to dilate the os uteri. On examining, I found the head of the child presenting with the membranes and waters; the os uteri soft and pretty much dilated. As she had lost a great quantity of blood, and there was no prospect of right labour-pains, I thought it safer for the woman and child, to deliver directly by turning, and bringing by the feet, especially after she had told me, that she had been delivered easily of the first child.

I had little difficulty of introducing my hand into the uterus, and as the membranes had not been broken, I easily pushed up the head, and brought along the legs and



body. After I had turned the belly of the child to the mother's back, and a quarter more, I then brought down the legs, body, shoulders, and arms. I now introduced a finger into the mouth, and expected, as she had an easy labour before, to have delivered the head with little difficulty; having tried every safe method, first to bring the forehead into the hollow of the os sacrum, by pulling the body both upwards and downwards, likewise from side to side; then endeavoured to move the face first to one side, then to the other; all my efforts proved ineffectual. I exerted greater force, and continued to increase it till I found the neck and mouth begin to give way; I then declared that I could not possibly save the child.

I introduced my left hand along the side of the child's head, until my fingers passed the os uteri; along which I introduced a curved crotchet with its point bearing close along the head to the upper part, and moved it backwards to bring the convex part over the forehead. This being done, I fixed the point into the upper part above the forehead; then pulled slowly to find if it had a sufficient hold. When I was certain of this, I pulled with greater force, and found the bones of the skull collapsing, and a quantity of waters come along: the forehead came easily down into the hollow of the os sacrum, and was delivered immediately without tearing the parts of the woman. The uterus contracted so strongly, that the placenta, with very little pulling at the funis, was pushed down into the vagina, and easily delivered. The flooding ceased immediately, and the woman bore the operation better than I expected.

The child's head was about a third larger than common; and it was remarkable, that the fontanelle and sutures were no otherwise than in a sound head, the first no larger, and all the bones were so close to one another: in general, when the head is dropsical, the bones are stretched from

one another more or less, according to the quantity contained.

Dr. Brisban examined the head next day, and poured through a funnel no less than a quart or three pints of water at the opening, which had been made with the crotchet into the head; the whole cerebrum and cerebellum were found. The point of the crotchet was fixed at the side of the fontanelle, which it had perforated. This aperture allowed the waters to discharge, the head to lessen, and come along.

The woman seemed to be in a good way for several days; during which the doctor attended her, and prescribed some medicines to help her to rest and sweat; but she being mismanaged and neglected by her nurse, was thrown into a fever, and died about the eighteenth or twentieth day.

CASE 401.—*The Head presented prematurely; the Child brought Footling, and delivered with the Crotchet.*—In a letter from Mr. A—, dated B—. 1750.—He was called to a woman, who had been in a lingering labour three or four days. Although she had now and then fainting fits, yet her pulse was regular and strong: the head presented fair, but very high; which made him resolve to turn the child, and bring it by the feet: this required great force; and after the body and arms were delivered, he was obliged at last to exert great force in extracting the head with the crotchet.

He says, he abundantly repented the attempting to turn and deliver footling, and wished he had waited longer, as the woman did not seem to be in such danger as to require an immediate delivery. He reflected, that by waiting, perhaps he might have succeeded with the forceps; and if they had failed, and the woman been in danger, it would have been safer for her, especially as the child was large, and the pelvis narrow, to have diminished the bulk of the head, rather than run the risk of her life,

by so great force being used ; for although she did recover, it was with great difficulty, and what he did not expect.

CASE 402.—*Head presentation ; the Child delivered by Turning ; Craniotomy ; Pelvis narrow.* (In a letter from the above Gentleman, in 1752.)—The woman had been in labour all the day before, and the waters had come off several hours before he was called. The head rested over the os pubis ; and the pains were almost entirely gone off. Having laid her on her side, and raised her hip higher than her shoulders, he easily introduced his hand into the uterus, and brought down the legs and body of the child ; but after many repeated trials, and exerting great force, he could not deliver the head. Thus foiled, he was obliged to introduce the crotchet, which he fixed on the left parietal bone, near the sagittal suture ; and at last, not without some difficulty, delivered the head. The child was very large ; and the pelvis narrow, from the projection of the upper part of the sacrum, and the make of the bones at the symphysis of the os pubis. The placenta adhered to the fore part of the uterus. The woman recovered very well.

He writes, that perhaps I would censure him for conducting the operation after this manner, when he knew what sort of pelvis he had to deal with ; as he could not tell but that the head was not only large, but also too much ossified, to yield to the passage. He was in hopes, by the cautions which he used, to deliver without the application of the crotchet, especially as he found he could turn the child with so great ease.

CASE 403.—*A third Case from the same Gentleman of the like nature ; Narrow Pelvis ; Head presentation ; Turning ; the Child delivered also with the Crotchet ; Death of Patient, in 1753.*—He writes me, he was sent for to a

woman about midnight. The midwife acquainted him, that after the waters broke, though the pains were strong and forcing, the head did not advance, but rested on the *os pubis* ; that she often endeavoured to disengage it, but to no purpose ; she therefore tried to turn it, but failed in the attempt, and had brought down a hand, which, with the head, was firmly locked in the passage. Upon examination, he found the child situated as above, and the pelvis very narrow, from the jetting in of the last lumbar vertebra and the upper part of the sacrum.

Having properly placed her, he endeavoured to raise the head ; but could not make it yield in the least : then he attempted to slip his hand on one side ; for though it was closely jammed between the *os pubis* and sacrum, there was room on each side of the pelvis : but neither could he succeed in this endeavour. He now caused the patient to be turned on her knees and elbows ; and with much difficulty introduced his hand ; but was several times obliged to withdraw it for ease, the great pressure cramping him so as to render him incapable of reaching the feet. In this situation he hardly knew how to act. The head was not only very high up, but did not present fair enough for the crotchet ; and the contraction was so strong, he almost despaired of bringing down the feet. However, as he thought this the most probable way of relieving the patient, he once more attempted it ; and after much difficulty, so far succeeded as to bring down one foot, and fix the noose on it. He then brought down the other, and joining them together, extracted as far as to the chest, and reached the left arm ; the right being engaged with the head gave him some trouble, and he snapped the humerus in extracting it : but this gave him less concern, as there was no pulsation in the funis. The arms being down, a principal difficulty (the head) still remained. He introduced a finger into the mouth, and had very near dislo-



cated the neck ; it was so fast locked, that he could gain no ground. He therefore insinuated a crotchet, by which he delivered it in a short time.

He left the poor woman without any hopes of her recovery. She indeed recruited a little about six or eight hours after ; but died that day or the following.

The two former cases from Mr. A— were both badly conducted, and inserted as a caution to others to wait with more patience.

[This condemnation of Smellie's would fairly apply to all three cases of Mr. A., and they may well serve as good examples of the effects of "meddlesome midwifery."]

CASE 404.—*A preternatural Case ; Primipara ; Deformed Pelvis ; Foot presenting ; the Child delivered with the assistance of the Crotchet.* (From Mr. CHARLES CHORLY, of Sankey, Lancashire. May 13th, 1753.)—I was sent for to Ashton near Wigan, by a surgeon, to Ann Marsh, called the *little dwarf*, about one yard nine inches in height, aged 39 years. The midwife told me, she had been four days in labour of her first child ; that the leg had been without the birth twelve hours, and the patient had now no pains. I found the heel towards the pubes, and the scrotum hanging out much swelled.

After using a great deal of force, I raised the body of the child, which gave me more room to introduce my finger betwixt the thigh that was still up and the body. I at last, by taking time and using all my strength, got the body delivered as far as the shoulders.

Perceiving the cartilages of the sternum driven inwards by the jetting forward of the vertebræ of the mother's loins, I brought down the arm. I made an incision with the scissors at the back part of the child's neck, to introduce the curved crotchet within the foramen magnum ; but to no purpose : after this, I made another opening on the

right side of the neck, separating the skin with my finger, higher up than the ear, which formed a safe canula to receive the point of the crotchet, and defend the mother from being injured.

Introducing the crotchet, I tore open the skull, and as the head lessened, I delivered the same: the woman recovered very well.

---

## COLLECTION XXXVI.

(*Vide* Vol. I, page 348.)

CASES IN WHICH THE HEAD WAS LEFT EITHER IN THE VAGINA OR UTERUS, THE BODY BEING DELIVERED AND SEPARATED FROM THE SAME.

(*Vide* Anatomical Figures, Tab. 36.)

CASE 405.—*The Body pulled away; the Head left in the Vagina; and extracted with Crotchet.* 1724. WISTON.

—A midwife, who never had any education, and who had formerly vaunted, that she always did her own work, and would never call in man to her assistance, was called to a case, in which the child presented wrong. After she had, with great difficulty, brought down the body, she could not deliver the head, from the woman's being of a small size, and the child large. During the time of her making these trials, the husband sent in great haste for me. In the mean time, when the midwife found that her endeavours were in vain, she rested, to recover from her fatigue, and told those who were present, that she would not wait for the assistance of the woman's pains. One of the servants seeing me at a distance, went in a hurry, and told her I was come. She not knowing that I was called, fell to work immediately, and pulled at the child with great force and violence. Finding, as she imagined, the child coming along, she called out, "that now she had got the better of him!" The neck at that instant separating, the body was pulled from the head, and she fell down on the floor. As she attempted to rise, one of the assistants told her that it

wanted the head ; a circumstance that shocked her so much (being a woman of a violent disposition) that she was immediately seized with faintings and convulsions, and obliged to be put to bed in another room. I just then arrived, and was surprised to find the house in such confusion.

After being informed of what had happened, I found that the woman's pulse was pretty good, and that there had been no discharge of blood from the uterus, but what came now was only from the child's head ; which, to my great joy, I found lying in the vagina and pelvis. I let her lie a little, to recover of the former fatigue ; then examining more particularly, I found part of the skin of the neck without the os externum. After I had put her in a supine position, I introduced the fingers of my left hand, and found the mouth at the right side and lower part of the sacrum. Introducing two of my fingers into it, I tried with that hold to bring along the head : but finding that this would not be sufficient, and being afraid that the under-jaw would separate if I used greater force, I pushed up my fingers farther, and along the face, and with my right hand introduced the crotchet to the upper part of the forehead. Here I fixed it ; and again taking the former hold in the mouth with my fingers, by pulling with them and the crotchet, I delivered the head much easier than I expected. After having extracted the placenta, and put the woman into an easier position in bed, I went and recovered the midwife, by giving her some volatile spirits in water. The child appeared to have been dead several days ; and I was persuaded, that if the neck had not given way, but had stood another pull, the head had been delivered.

This accident was lucky for me, and rendered the midwife more tractable for the future.



*Hæmorrhage ; the Head left in the Uterus, from the Body's being much mortified, and the Forehead to the Pubes.*

CARLOUK, 1727.—The breech of the child presented, with the thighs to the pubes, and the body was forced down with the labour-pains : but the midwife not knowing how to turn the fore-parts of the child to the back-parts of the uterus, brought it along as it presented. The child being pretty large, she used a good deal of force to deliver the head, which not being sufficient, she fixed a cloth over the shoulders, and got one of the bye-standers to assist her, by pulling with greater force ; by which the body was separated from the head. In consequence of this accident, I was immediately called.

I found the greatest part of the head still above the pelvis. The midwife told me, she was in hopes that the woman's pains would have delivered it before I came ; but that now they had quite left her, and that a flooding was begun. The woman's pulse was a little sunk. I examined the body, and found that the child had been dead at least ten or twelve days ; the scarf-skin was livid, and some of it stripped off ; and the woman had not felt it move or stir during that time.

After encouraging her, and giving her some warm wine and water, and putting her in a supine position, I introduced my right hand into the vagina, and raised the head above the brim of the pelvis ; then turned it, and brought in the upper part of it to present with the face backwards, and a little to the left side. This being effected, I ordered an assistant to press on the belly with both hands to keep down the uterus and head in that position ; then opening the head with the scissors, I went up along the forehead and face, introduced the blunt hook with my other hand, and fixed [the point in the mouth, which was now turned towards the fundus. I now withdrew my right hand, took hold of the handle of the blunt crotchet or hook, and intro-

duced the fingers of my left hand into the opening. With these two holds I gradually brought down the head, and delivered it slowly, though with some difficulty. The placenta, which was partly separated, followed soon after.

The head, in this operation, slipped several times before I got it right turned, to present with the upper part. I also had some difficulty in keeping the head steady, so as to perforate the same with the scissors; by which both my hands were pretty much cramped and wearied.

CASE 407.—*Breech presentation ; Separation of Body ; Hæmorrhage ; Extraction of Head with Crotchet ; the Pelvis a little distorted ; Child putrid.* 1729.—The head was separated much in the same manner as in the foregoing case, but the face was to the right side. The head was kept high up, from the pelvis being narrow, and the body was easier separated, from being much mortified. I was not sent for to this woman till about twenty-four hours after the separation, the midwife assuring them that the pains would be sufficient to deliver the head ; but the woman growing weaker, and there being a small discharge of blood, which now began to increase, I was sent for.

As the external parts were pretty much swelled, I with difficulty introduced my hand into the vagina, and pushing up the head, turned down the upper part, as in the former case ; but the task was rendered much harder, from the narrowness of the pelvis, and the placenta's lying loose at the back-part of the uterus ; this I was obliged to bring down before I could place the head in the right position. After I had opened the head, I could not fix the blunt hook, as in the former case ; but got a pretty firm hold at the fore-part of the ear ; and luckily the head not being very large, I brought it gradually lower, as the cerebrum evacuated, and at last delivered it. The point of the

crotchet slipped twice in pulling; but the third time I got a good hold in the outward corner of the left orbit of the eye.

CASE 408.—*Arm presentation; Version; the Body separated from the Head by incision; the Woman turned of 40; the Pelvis narrow.* 1752.—The arm of the foetus presented. The midwife sent for a gentleman in the neighbourhood, who practised midwifery. He was so fatigued by the time that he got the child turned, and the body delivered, that he was not able to extract the head. In this situation he called Mr. Steed, of Guy's Hospital, who tried several times to deliver the head in the manner described in Collect. XXXI. He afterwards endeavoured to introduce the curved crotchet, and to fix it on the upper part of the child's head, but was prevented by the narrowness of the pelvis, which cramped and fatigued his hand so, that he was not able to fix it.

After the other gentleman and he had tried this last method several times, and found the head lie so very high, that the shoulders prevented their going up sufficiently with their hands to guide the instrument, they at last resolved to separate the body from the head; an operation which one of the gentlemen performed with an incision knife, at the lower part of the neck, betwixt the sixth and seventh vertebra. Again they attempted to fix the crotchet; when this did not succeed, they tried to push up the head, so as to turn down the vertex, and open it with the scissors, and then to extract with the crotchet, as in the former cases; but being both again fatigued, they were obliged to desist, and sent for me; and, in the meantime, desired the woman might be kept quiet in bed.

After having placed her in a supine position, I introduced my left hand into the vagina, then raised the head, so as to gain admission into the uterus. In doing this, I

found that the difficulty in the head's coming along proceeded from the pelvis being distorted; and that the upper part of the os sacrum and last vertebra of the loins jetted considerably forwards.

Having found the mouth, I introduced a finger into it, and bringing it downwards, turned the forehead to the right side, at the brim of the pelvis; then tracing up with my fingers along the face and forehead of the child, while an assistant pressed gently with both hands on the abdomen of the woman, I tried to introduce one of the curved crotchets; but finding that the pubes prevented me from insinuating it far enough up in this position, I turned her to her left side, and again introduced my left hand in the same manner. Betwixt this and the child's head, I slipped up the crotchet with my right hand, having the head grasped in the uterus with my left, my fore and middle fingers being placed on the right parietal bone, near the vertex. I fixed the point of my crotchet into this part; and after I found that I had tore open the skull, and that the crotchet had a firm hold, I withdrew my hand. Fixing again the fore and middle fingers into the mouth, and my thumb below the chin, I began to pull with both hands, viz. at the under jaw with my left, and at the crotchet with my right; but finding that it required a good deal of force, I pulled at first in a slow and cautious manner, that as the crotchet tore open the bones, I might allow time for the brain to evacuate, and the head to diminish in its bulk. I exerted the greatest force at the crotchet, and only a little at the under-jaw, for fear of tearing it off, and losing that hold, which is of great advantage to keep the head steady. By increasing the force at intervals, the head began to advance lower and lower. When I had brought it down into the pelvis, I directed the assistants to lay the patient in the supine position; then I turned the forehead from the right ischium backwards to the concave and lower part



of the sacrum ; and standing up, pulled the head upwards, in a semicircular manner, from below the pubes.

One lucky circumstance attended this case ; the woman had no flooding during the whole time, and endured all these efforts with great resolution. Finding that the placenta did not in a little time come down, I introduced my hand into the uterus, and found the part where the head was lodged still pretty open. At the upper part of it I perceived the middle of the uterus, contracted in form of an hour-glass, below the placenta, which adhered to the fundus. I insinuated the fingers of my right hand gradually into this contracted part, while at the same time I pressed my left hand on the abdomen, to keep down the uterus. After it was fully stretched, so as to allow my hand to pass, I gradually separated and extracted the placenta, which was adhering firmly to the uterus.

When we examined the head, we found the crotchet had fixed on the right bregma, and had made an opening about two inches long, down towards the temple. In operating, I tried to fix it nearer the vertex, on the sagittal suture ; but the head being slippery, and difficult to keep in a firm position, I was glad to fix it in that part. Indeed I imagined it was fixed higher, and the opening much larger, till the head was examined.

The woman, although she was much exhausted by undergoing the fatigue of these several trials, yet at last recovered much sooner and better than was expected.

When I was called (as such cases happen but very seldom) I carried along with me a pair of the long forceps, bent to one side, Amand's net, Levret's tire-tête, and a pair of curved crotchets. But finding the difficulty proceeded from a narrow pelvis, and that the head must first be opened, and lessened in bulk, before it could pass, the curved crotchet seemed the most simple and effectual instrument. If this had failed, then it might have been

proper to turn down, and open the vertex with the scissors, and extract the head with the crotchets. The curved kind seem better adapted for this purpose than either the straight kind or blunt hook, to be used either with or without the sheath. Dr. Hunter was present, and assisted at this operation. [*Vide* my Anatomical Figure, Table XXXVI, which was drawn to illustrate this case.]

This should be a caution to practitioners, never to separate the body from the head, and if possible to deliver without using that expedient; but to wait with patience (when the child cannot be saved) the efforts of the pains, especially if the woman is not in absolute danger; for the head is much easier delivered with the crotchet, when not separated from the body.

[What invests the history of this case with considerable interest is the fact that Smellie was assisted in the performance of the operation by the great William Hunter, who had been a pupil of William Smellie's eleven years previously. That these two eminent men had been associated on other occasions we learn from Smellie's observations on Case 186. (*Vide* also Vol. I, p. 15). It is more than probable, however, that they very seldom came into contact, their spheres of practice were so wide apart. In his Harveian address Dr. Matthews Duncan thus speaks on this point:—"Smellie never had a fashionable connection, and in this respect Hunter far surpassed him, being not only fashionable, but enjoying the distinction of accoucheur to the queen of the reigning sovereign, a sufficient passport everywhere to distinguished and lucrative employment. It has been often said that there was ill feeling or jealousy between the two Scotchmen; but while there is not sufficient, or, indeed, any good proof of this, it is very remarkable that we find little evidence of any kind to show that they had even frequent intercourse one with another.]

CASE 409.—*Head presentation; Forehead to pubes; Version; the Head separated and left in the Uterus.* (In a letter from Mr. A—, dated E—, 1748.)—Another practitioner was called by a midwife, to a woman of a delicate

and tender constitution. She had been a whole day in strong labour before the membranes broke ; the pains after that abated, and in two days the head did not advance.

He found the os uteri fully open, and the forehead of the child towards the pubes. With great difficulty he turned the child, and brought down the legs and body ; but in using all his force to deliver the head, both the jaw and neck gave way. Being much fatigued, and the uterus strongly contracted, he could not introduce his fingers to the head, so as to fix the crotchet. Having sent for my correspondent, he, after repeated trials, at last got his fingers into the orbit, where he fixed the crotchet, and delivered the head, which was large. The sutures were firm, and the pelvis was narrow. The patient seemed to be in a fair way of recovery for the next two days ; but imprudently sitting up too long, and drinking heating liquors, she fevered, and died the sixth day after delivery, without any complaint from the severity of the labour.

CASE 410.—*The Head left in the Uterus, and extracted by Crotchets.* (In a letter from Mr. CADBY, dated Blandford, 1748.)—He was called to a case, in which the midwife had pulled the body of the child from the head, which was left in the uterus. This he immediately delivered, by fixing the curved crotchet on the head, and his fingers in the child's mouth.

In Mr. Giffard's 'Cases of Midwifery,' Case 69th describes the head of a foetus, six months old, left in the uterus, and delivered with the hand.

Mons. Lamotte, Book III, Chap. 23, has a case of the head's being left in the uterus, the body having been delivered and tore from the head with great force. And in the last case of the Supplement to his Treatise, there is a case, in which another gentleman could not deliver the head, which was separated from the body, and left in the

uterus. Nevertheless he went to bed ; and the first news he heard in the morning was, that the head was delivered by the mere assistance of nature.

Dr. Grange, of Hatfield, told me of a case, in which he and Mr. Wilson, of Enfield, were fatigued a whole day in delivering a head, which was so slippery, that for a long time they were not able to open or fix an instrument upon it. He was convinced, that if they had had the instruments mentioned in Case 408 the operation would have been more easily performed.

[The cases in this series are highly instructive as well as interesting ; and they very well illustrate all the practical difficulties which we have to encounter, from the detention of the head in utero after the body of the fœtus has been completely detached.

At pages 349 and 353 of Vol. I, the reader will find some annotations upon this subject.]

---



## COLLECTION XXXVII.

(*Vide* Vol. I, page 354.)

### CASES OF TWO OR MORE CHILDREN DELIVERED AT ONE BIRTH.

CASE 411.—*Twins ; the first Child presented with the Fontanelle ; but the Membranes of the second were pushed down before the Membranes of the first. Both Children presented with the Head.* 1753.—I was bespoke to attend this patient, who was of a delicate and tender constitution, and had suffered much in a former labour. I was called to her in the evening, and found the os uteri but very little open. The head of the child presented ; but the pains were weak and seldom. Expecting that the labour would be tedious and lingering, as the former, I sent for Mrs. Maddox, my midwife, to attend her, who was to call me when she found the woman near delivery. I was summoned in about two hours, and found the os uteri largely open, and the membranes pushed down without the os externum, which had an uncommon feel. When I introduced my finger into the vagina, I felt these membranes and waters as coming down at the sides of the head. As the mouth of the womb was largely opened, and these membranes, with only a small quantity of waters, were hanging loose without the external parts, I pulled them away ; but touching in the next pain, I found another set of membranes and waters still before the head. I also felt through them that the fontanelle presented ; and by

the sutures, that the forehead was to the left side, and the vertex to the right. Being afraid that this position would occasion a tedious labour, I pushed up the forehead, that the vertex might advance; in doing which the membranes broke, and the head immediately was forced down to the lower part of the pelvis. In two or three pains more, although the fontanelle still presented in the middle, yet the child being small, the face and forehead turned backwards to the concave part of the sacrum, and the vertex turned out below the pubes, and was soon delivered.

After I had tied, and cut the funis, and given the child to an assistant, I examined, to find if the placenta was coming down; but instead of that, the head of another child presented; and as I felt no waters or membranes before it, concluded that those were its membranes which came first down. The vertex presenting; the patient having fresh pains, and not weakened by the former labour; the membranes being broken and the waters gone, it would have been imprudent here to turn the child, and bring it footling, as I commonly used to do in other cases, where the membranes were not broken. On this occasion I did not mention that there was a second child, lest the woman should be uneasy; but said, that I commonly waited to see if the placenta would come down slowly with the after-pains: and the second child being delivered soon after, gave great joy to the mother, as well as to the assistants. The two placentas came likewise down gradually in one cake.

[I do not think I ever met with such an anomaly as occurred in the above case; namely, the membranes of the *second* child coming in advance of the head and membranes of *first* child. Were it not recorded by so careful and accurate an observer as William Smellie, I would feel inclined to doubt its actual occurrence.]

CASE 412.—*Twins; Heads presenting; the first Child delivered with the Labour-pains; Six hours' interval; the*

*second being larger, delivered with the Forceps.* 1749.—When called to this case, I was informed by the midwife, that she had delivered the woman safely of the first child, which came in the natural way, about six hours ago. She said there was a second child, which lay at first so high, that she could not distinguish whether it came right or wrong, till the woman had fresh pains, which increased, and grew stronger in about three or four hours after the first child was delivered. These forced down, and broke the membranes; although the pains had been frequent and strong, and the head pretty low down, it was still somehow retarded.

I examined, and found that the right (*quere*, left) ear presented; that the face was towards the left side of the pelvis; and that the right (*quere*, left) bregma rested on the pubes. During the next pain, I introduced my hand into the vagina, and pushed up the head at the left side. As the pain continued and increased, I withdrew my hand, and the vertex was immediately pushed down at the lower part of the right ischium. Being then called to another patient, I left the woman to the care of the midwife, expecting she would soon be delivered with the labour-pains. In about two hours I was again called, and found the head much in the same situation as when I left her, viz. the forehead to the upper part of the left ischium, the occiput to the under part of the right, and the *left* ear at the pubes. The midwife told me, that she had several strong pains after I went away, but that now they were grown weaker. She also said, that there was a pretty large show at times, and seemed apprehensive of a flooding coming on. I then caused her to be placed in a side position, and delivered the child with the forceps, as described in Collection XXVIII.

I found at first the delivery was retarded by the wrong position of the head; when that was remedied, another difficulty proceeded from the uterus being contracted before

the shoulders, and the funis surrounding the neck three times; which last I disentangled, by slipping it over the head, after it was delivered. This second child, contrary to most cases of twins that I have attended, was much larger than the first.

The placenta formed one cake. A case of the same kind succeeded in the same manner with Mr. Palmer, of Bath, when he attended my lectures.

CASE 413.—*Twins; both Children presented in the natural way; the first Child delivered with the Labour-pains; the second turned, and brought Footling.* 1749.—I was bespoke, and called to a gentlewoman in labour, who had been very weak and low for many months, and much emaciated, from a spina ventosa in her knee; so that everybody was surprised at her being with child. She was delivered in a few pains after I arrived.

While I was employed in tying and dividing the funis, she told me, that the motion of the child had been different for the last fourteen days from what it had been before; that in the last fortnight she had felt it low down, and on the right side; whereas, before that time she had perceived it stir higher up, and at both sides.

After delivery, she laid her hand upon the abdomen, and called out that it was still very big. I then examined for the placenta, and found the membranes, waters, and head of another child presenting. Without saying anything of the matter, I slipped my hand up into the uterus, broke the membranes, and after getting my hand within them, turned the child, and delivered by the feet. By its being very livid, and the scarf-skin easily stripping off, it appeared to have been dead for the space of a fortnight. The placenta formed two distinct cakes.

CASE 414.—*Twins; both Children presented together; one with the Head, and the other with the Feet, the former*



*dead, the latter liveborn.* 1749. A woman who had bore children before, and was come near to her full time, fell in labour about fourteen days after she had been frightened by the second shock of the earthquake which happened that year. The midwife telling the husband that there was something uncommon in his wife's case, and I being immediately called, she told me that she certainly found two children presenting at once, and was afraid that they might entangle and interrupt one another in the passage; that the head of the one presented, which she suspected was dead, from the skin of the head feeling soft and pappy, and the bones of the skull loose within the integuments: that the legs of the other presented, which she was certain was alive, from feeling the child move them.

No sooner had the midwife given me this information, than the patient was attacked with a very strong pain, and the midwife was desired to make haste into the room, for that she would certainly have work immediately; accordingly she had just time to receive the first child, that presented with the head: it was dead, as the midwife foretold, and appeared to have been so from the time that she received the fright; and in two or three pains more, the child that presented with the feet was forced down, and delivered alive.

[This midwife certainly possessed more than the ordinary amount of diagnostic skill; the correctness of her diagnosis, and her delicacy of touch, are deserving of high commendation. The simultaneous presentation of the foot of one twin with the head of the other might have given rise to serious difficulty in the delivery. The course which nature pursued here confirms the practice followed in a similar case which I witnessed many years ago, and which is recorded at page 332 of Dr. Hardy's and my 'Practical Observations on Midwifery.' In this case the leg was pushed up, and the head allowed to come down so as to occupy the pelvis; both the children were born alive without instrumental assistance.]

CASE 415.—*Twins; both Children presented with the Breech; and were each delivered by the Labour-pain.*—In the year 1741, soon after I began to teach midwifery, I was called to one of the poor women who had bespoke me to attend her with my pupils. When I arrived, I found the breech presenting, with the thighs to the sacrum; but as the pains were gone off on the discharge of the waters, and the breech was still high, I expected that it would require some time to stretch the parts more fully before it could come lower down, and be delivered.

I went to a coffee-house in the neighbourhood, and sent for those who then attended me; but before they all arrived, a messenger came in a hurry, telling us, if we did not make haste, the child would be delivered before we could reach the place. This was actually the case. I told the pupils, that although they had missed seeing the labour, yet they would have an opportunity of observing the delivery of the placenta. I then examined; but instead of the placenta, I found the breech of another child presenting, in the same manner as the first, which in two pains more was delivered with very little assistance; and the two placentas, which formed only one cake, immediately followed.

The children were small; and although the woman was of a small stature, yet neither she, nor any of her acquaintance, suspected that she was with child of twins.

CASE 416.—*Twins; the first Child presented with the Arm, the second with the Head; both brought Footling.* 1750.—The arm of the first child had been protruded several hours after the membranes broke, and pretty much swelled before I was called.

As the woman lay on her left side, I tried to introduce my hand into the vagina: but finding the arm obstructed the passage, I doubled it, and easily pushed it before my

hand into the uterus. While I went up farther to search for the feet, I found another child inclosed in its membranes; a circumstance which made me advance more cautiously, for fear of breaking them, as they lay towards the left side and fundus uteri, but more forwards than backwards. I had introduced my right hand, and finding that the legs of the child lay backwards, and to the right side, towards the fundus, I was obliged to withdraw that hand, and introduced my left, with which I brought down the legs, and delivered that child.

The uterus immediately contracting, the placenta and membranes of the first child, with the membranes and waters of the second, presented; but the placenta was lowest, and being separated from the uterus, came easily down into the vagina, by pulling gently at the funis.

Having delivered the cake, and finding a pretty large quantity of blood follow, I insinuated my right hand into the vagina, and found within the membranes the head of the other child presenting. Pushing farther up, and breaking the membranes, I turned this child, and brought it footling also, as described in Collect. XXXII. I ordered a cataplasm to be applied to the first child's arm, which was swelled; the swelling in a few days subsided, and the child did very well.

[The delivery of the second child by turning, in the above case was certainly the safest course, seeing that a "pretty large quantity of blood had been discharged," and that the version could be performed with the greatest possible ease. Under like circumstances at the present day, many accoucheurs would trust to rupturing the membranes, and the administration of ergot of rye.]

CASE 417.—*Twins; both Children presented wrong, and were brought Footling; artificial Extraction of the Placenta.*—I was called, in the year 1748, to a woman in labour. The first child presented with the hands, feet, and funis in the vagina: I tried, as she lay on her left side,

to introduce my hand and deliver the child ; but as I could not keep the patient steady in that position, I turned her to the supine posture. After I had introduced my hand into the uterus, I found the head high up to the left side ; I then withdrew my hand, took hold of the legs, and delivered the child.

Having tied and separated the funis, I desired the midwife to sit down and deliver the placenta, by allowing it to descend slowly : but seeing her attempting to push up her hand, I desired that she might rather wait, and signified, if there should be any difficulty afterwards, I would assist. She telling me there was some more work for me, I immediately suspected that there was a second child ; which I found presenting in the same manner, and brought footling also.

The placentas not following for a considerable time after, I pushed up my right hand into the uterus, separated and delivered one that adhered to the left side, and after that the other which adhered to the fundus.

CASE 418.—*Triples delivered by Mr. PROSSER, when he attended me, in presence of some of the pupils, October 7th, 1752.*—I was sent for to a poor woman who had been in labour some hours, being eldest pupil to Dr. Smellie, who was then otherwise engaged. I touched her, and felt through the membranes both hands and feet blended together. The os internum being well dilated, I broke the membranes, disengaged the feet, and pulled them down to the passage ; pushing up the head at the same time ; by these means I finished the delivery.

I sought afterwards for the placenta ; but finding a more than usual resistance, I slid my hand along the cord into the uterus, where I found the membranes and waters of a *second* child.

I gave a gentle pull to see if the first had not its own



placenta ; but finding a resistance, I opened the membranes of the second, which presented like the former, and consequently required the same treatment.

Having divided the cords, I pulled them sometimes alternately, and sometimes together, but without effect ; so was induced to introduce my hand a second time, and extracted two placentulas firmly connected by an intervening membrane.

By this time I thought my labour ended ; but was deceived : for in a few minutes after she complained of fresh pains ; and on inquiry, it appeared to be a *third* child, which presented a right hand and foot. I introduced my left hand into the uterus, and pushed up in order to get at the other foot ; but the uterus being strongly contracted to the body of the child, it was with great difficulty I accomplished it : the placenta followed soon after.

CASE 419.—*The delivery of Triplets ; each presentation of the Head and delivered naturally.* (Described in a letter from Dr. HARVIE, London, 1761.)—He was called to a patient about the latter end of the fourth month of her pregnancy ; but she was as big as one come to the full time, and apprehensive of an ascites in the abdomen : however, on examining the belly, and she being sensible of the motion of the fœtus, he found the bigness proceeded from the stretching of the uterus. Her complaints from this time till she fell in labour, were chiefly cardialgia, vomiting, difficulty of breathing, and costiveness ; for all which she was often bled, and seldom missed taking *Magnesia Alba*. From the constant vomiting she daily lost strength, and was much emaciated.

When she was taken with labour-pains he found the os uteri open to the diameter of half a crown, and the head of the child very low. Her pains being slow and weak,

he ordered a glyster, which operated. After which the pains went quite off. When he called next day, he was informed that the membranes were broken, that a large quantity of waters were come off, and still continuing to drain away; and he was informed that she had not been so easy for four months; for she could now breathe, and had taken some nourishment, but had no pains.

He was again called the following day at one o'clock in the morning. The pains were not strong or frequent; but the os uteri being sufficiently dilated, the child was born in about fifteen minutes.

After tying the navel-string, and giving the child to the nurse, he found the head of another presenting. At the first pain he broke the membranes, and in two more this child was also delivered. After taking care of this, he found there was a *third* from the still great distension of the uterus; but the patient being faint, and in order to avoid the danger from the sudden emptying of the uterus, he pinned a long towel moderately tight round the abdomen, and gave her the following draught:

R *Confect. Damocrat.* ʒss, *Aq. Alexiter. Simplicis* ʒiss,  
*Aq. Nucis Mosch.* ʒij, *Tinct. Thebaic. Gt.* xv, *Syr. Alb.*  
ʒij, *M.*

Examining again, and not finding the membranes pushing down, or any part of the child; and being apprehensive that it might present wrong, he searched higher, and found the head and membranes at the brim of the pelvis. These being broken, this third child was delivered in the course of the next pain. Although the patient had hitherto lost but little blood; yet as there was more coming, and the woman was weak, he gently assisted and brought the placentas away; two of them were joined together, and one separate.

By this time she was very faint; but the draught taking

effect; she dropped asleep, and after some hours, so far recovered as to be able to bear the fatigue of shifting. She had a severe cough for three weeks before delivery, which gradually abated afterwards; and is now pretty well recovered. The children are three fine boys, alive and well.

He observes, that from several twin-cases which have fallen under his notice, he has reason to think, that one principal evidence of a woman's being with child of more than one, is the uterus rising much earlier up in the abdomen than is usual when there is only one. The above patient was as big at the latter end of the fourth month, as women are commonly at their full time.

[Without doubt this is the same Dr. (John) Harvie mentioned, in the heading to Case 421, and who also communicated Case 39, where I have said something about him.]

CASE 420.—*Twins delivered in the seventh month.* (By Mr. GIFFARD, Case 151, Oct. 6, 1730.)—I was sent for about four o'clock in the morning to the wife of a snuff-box maker in Dean Street, near Red Lion Square, who was, according to her calculation, about seven months gone with child. I had been with her about three months before, when she was under some apprehensions of miscarrying, and by proper applications I cured her at that time; but now one fœtus was brought away before I was sent for. I would have immediately passed my hand in search of the placenta; but the woman could not be readily persuaded to admit me, and made some struggle, until she was overcome by the persuasions of her friends and the apprehension of the danger she was in, should it not be brought away; so that at last she permitted me to pass my whole hand into the vagina, and so on to the os internum; which I found so much contracted that it would scarcely admit the ends of four fingers. But having by degrees dilated

the orifice, I got my hand into the uterus, and found something harder than a placenta. This proved to be another foetus inclosed in its membranes, which were much distended by the waters.

I broke the membranes immediately with the ends of my fingers; and then putting my hand within them, I searched for the feet. The first part I met with was the head, which I passed by, and went on in search of the feet, and soon found one foot. This I brought out; and as I had sufficiently dilated the os internum, the foetus being likewise very small, I judged I might easily draw it out by the leg already brought down, without giving her fresh pain by passing up my hand again to fetch down the other: I therefore took hold of the leg I had secured, and gently drew it forwards; I say gently, for had I used any force, I might have torn it from the body, the leg being very small and tender: at the same time I advised the woman to assist by bearing down strongly, which much contributed to the bringing out of the hips, body, and head; all which soon followed; and upon passing up my hand to fetch the after-burdens, there being two entirely separate, I met with the burden of the foetus first born, protruded and lying in the vagina; this I immediately brought away: and then repassing my hand, I found the other lying within the uterus, but wholly separated from it, so that I had no more difficulty in bringing this than the former.

In the Memoirs of the Academy at Paris, H. 1727, page 15, 20, 21, is an account of two children, one delivered eight days after the other.



## COLLECTION XXXVIII.

### OF MONSTROUS BIRTHS.

(*Vide* Vol. I, page 360.)

CASE 421.—The history below, is of two children adhering to one another at the side of the breasts and bellies : they both have hare-lips, and but one navel-string ; the vessels separate as they enter the skin of their bellies, and each child has its own. Both were sent to me by the same gentleman, and are amongst my Collection of Foetuses, together with other useful preparations, collected from time to time for the information and improvement of students ; and now in the hands of Dr. HARVIE, my successor in the teaching of Midwifery.

Sir,—Agreeable to my promise, I have sent the preparation, which I hope will fully answer your expectation. The mother, who before had seven or eight children, miscarried with these at the end of twenty weeks, from her great uneasiness, she imagines, in longing for a chop of bacon. She was taken at first with a considerable flooding, which was moderated by bleeding and anodyne medicines. The next day finding some strong pains, her midwife was sent for, who delivered her in a few hours. Notwithstanding their smallness, and one of them presenting with the feet, she found great difficulty in extracting them, as you will see by the laceration of one of them, which is stitched up

again. They had no signs of life. The mother has since had two fine children. This happened in the year 1735.

It is remarkable of the father of these children, that he had no teeth before the age of one or two and twenty ; but has now as good a set as I ever saw, and can lift up very great weights with them, &c. (From HENRY NORTH, surgeon in Stirminster Newton, in the county of Dorset, 4th July, 1747.)

CASE 422.—*A Child born, in which all the upper part of the Skull was wanting.* 1747. (From Mr. PIERCE, of St. Thomas's Hospital, apothecary.)—It was a male child, of an uncommon size in his body and limbs, with very broad shoulders, and a short thick brawny neck. The head was smaller than those of most infants that come in due season, as this did. The nose was broad and flat, the eyes full, large, and very prominent, so that the lids could not cover them ; the ears were remarkably large and thick. There was no skull to cover the brain, and the edges of the bones of the lower part of the head were as straight and smooth as if they had been sawn asunder immediately above the orbits of the eyes. There was wanting the os frontis on the fore part, and on the back part almost the whole of the os occipitis. The ossa bregmatis were entirely wanting ; and as there was no scalp, the brain was covered by nothing but the pia and dura mater, which looked of a dark livid colour, and was pushed out in divers places by the brain, so that it made an unequal surface for want of bones to confine it. This inequality and softness, together with the edge of the bones, was what surprised the midwife, and made her expect a more difficult delivery. The account then given by the mother, as the probable occasion of this disaster, is as follows :

Upon the ninth of April, 1747, when she was near two months gone with child, she was grievously frightened with

thinking on Lord Lovat, who was that day to be beheaded. Her husband was gone to see the execution amongst the crowd on Tower Hill; and when the news came to her hearing, that a scaffolding was fallen down, by which accident many people were hurt, and some killed on the spot, she immediately feared that her husband might be of the number, and was greatly affected. While she was under this dread and apprehension, an officious idle woman came to her and said, that a friend of hers, for whom she had a great regard, was killed on the spot, and that she saw his brains on the ground; upon this the poor woman put both her hands on her head in great agony, and immediately fainted away.

CASE 423.—The ‘Philosophical Transactions,’ No. 65, p. 2096, contain an account, by Dr. DURSTON, of a monstrous birth, which had two heads, two necks, four arms, and four legs, perfect and well-shaped; but only one trunk. There was no appearance of lungs; and only one large heart, one midriff, one umbilical cord, one large liver, one stomach, four kidneys, two urinary bladders, two wombs. There was only one colon, which terminated in two intestina recta. It weighed eight pounds and a quarter; and the length from head to foot was full eight inches and a half.

CASE 424.—There is another monstrous female birth by Dr. SAMUEL MORRIS, No. 138, p. 961. There were two heads; and all the parts double above the diaphragm, and single below, except the appearance of two stomachs. The uterus was of a common size; but the clitoris large: there were only two legs and two arms; the secundines were very large, and weighed about eight pounds. One was dead, and the other just breathed.

CASES 425 and 426.—Another account of a double birth, in which the children were joined at the breast, No. 2, p. 21. They did not wake and sleep together. They also cried, sucked, and exonerated apart.

The same paper relates, there was such another birth in Wales, and the children lived so long till they could talk to each other; which they did in tears, when they thought that one must survive the other; but both happened to die together.

CASE 427.—A monstrous birth from Mr. ROBERT TAYLOR, much of the same kind as Cases III and IV in the same Transactions, No. 308, p. 2245.

CASE 428.—‘Philosophical Transactions,’ No. 453, p. 837. A monstrous boy seen at Montpelier, by Dr. ANDREW CANTWELL, about 13 years old; who bears the lower parts of another boy; the fore parts of each face one another.

CASE 429.—“Reflections on Generation, and on Monsters,” by Dr. SUPERVILE, ‘Philosophical Transactions,’ No. 456, p. 294.

Besides the above cases, there are several other papers describing births, in which the bones of the upper part of the cranium were wanting; in most of which the cerebrum and cerebellum were also wanting: those that were born alive died soon after the birth. *Vide* No. 99, p. 6157. No. 226, p. 439. No. 228, p. 553. No. 234, p. 717. No. 251, p. 141. No. 320, p. 310.

In the ‘Philosophical Transactions,’ No. 487, p. 325. A letter from JOHN HUXHAM, M.D., to C. MORTIMER, M.D., concerning a child born with an extraordinary tumour near the anus, containing some rudiments of an embryo.



In the 'Philosophical Transactions,' No. 472, p. 10. An observation of a spina bifida, commonly so termed, by GEO. AYLETT, surgeon at Windsor.

In the 'Memoirs of the Academy of Sciences at Paris,' M, 1701, p. 112, is an account of a foetus found in the ovarium of a woman.

In the same, H, 1703, p. 43, an account of a puppy whelped without a gullet; a circumstance proving that the foetus could not be nourished but by the funis.

In the same, H, 1711, p. 26, description of a foetus without cerebrum, cerebellum, or spinal marrow.

Id., 1712, p. 40, of a male foetus at its full time, which had neither brain nor spinal marrow, and which lived twenty-one hours, and took some nourishment.

Ibid., M, 1732, p. 309 of a monstrous foetus with two bodies, the one male the other female.

In the German Ephemerides there is a great number of histories of such monstrous productions. *Vide* also Ruysch.

#### From MAURICEAU.

In the 53rd page, and 64th Observation, he mentions having seen a dead child of a woman lately delivered at seven months of a monstrous figure, having the arms and the feet quite misshapen, and the head without any neck, joined immediately to the breast, having on the head, instead of the brain, a sort of thick flat cap or caul, like a red wen. This had a production like a tail, which reached along the spine as far as the os sacrum; and on the right side of the navel there was a considerable livid tumour like a ventral hernia, in which several of the contents of the abdomen were contained. This child had been dead some days before it was delivered, as appeared by the epidermis, which came off easily; and the monstrous figure might be imputed to the disorder of mind and body

which a great fright or vexation the mother met with in the beginning of her gestation had thrown her into.

From MAURICEAU.

In the 301st page, and 363rd Observation, he mentioned his having delivered a woman of her first child, which had all the fleshy or muscular parts of its body quite hard and scirrhus.

From MAURICEAU.

In the 118th Observation, and 63rd page, he gives an account of his having delivered a woman in the eighth month, of a child whose head was of a monstrous figure, being without any brain ; but instead of all the upper part of the head, there was only a reddish brown substance : there appeared likewise the inferior extremities of the occipital bones, and the two eyes very prominent. Its feet were turned inwards. This monstrous conformation was ascribed to great fatigue in a journey.

He mentions having seen at the fair of St. Lawrence, two male children dead, whose bodies were joined together towards the upper part of the thorax. The mother had been five months gone ; but no particulars are mentioned at the birth.

Mons. Lamotte, Book IV, Chap. 14, gives several cases of mutilations and deformities in children.

## COLLECTION XXXIX.

### THE CÆSARIAN SECTION PERFORMED ON THE DEAD, AS WELL AS THE LIVING SUBJECT.

(*Vide* Vol. I, page 362.)

NUMB. I.—CASE 430.—*A Case of Flooding from Placental presentation ; the Woman died suddenly, and was opened immediately to save the Child, which proved to be Dead.*—In the year 1747, I was called by a midwife to a woman who was attacked with a violent flooding ; but she being unwilling that I should examine, and the discharge being stopped before I reached the house, I ordered a mixture of the *Tinctura Rosarum*, and liquid laudanum, to be given as there should be occasion ; and desired them to send for me if it should again return.

She was within a fortnight of her full time ; the discharge was sudden, in a large quantity, and soon stopped ; she continued free all that day, till towards the evening ; the flooding continued all night ; and I was not called till next morning, when I found her excessively weak and low. Although she had no signs of labour, yet the os uteri was soft, and a little open, and something like either a coagulum of blood or the placenta presenting. Before I had time to put her in a supine position for the delivery, she fainted away, was thrown into convulsions, and died instantly.

As there were none but the husband and nurse present, I immediately sent for an apothecary, who lived next door. All the bystanders being fully convinced of her death, I

immediately made a large opening in the abdomen, with a view to save the child. Though the woman was pretty fat, yet the parieties of the abdomen were thinner than I expected, from the large distension of the uterus. I then made a large opening in the uterus also, which was not a quarter of an inch thick. A large quantity of waters was immediately discharged into basins, in all about two quarts. I then extracted the child, which was large and plump, but had no signs of life, and seemed to have been dead several hours by the stiffness of the joints. I now leisurely examined the uterus and secundines. The uterus and the woman's body seemed to be quite destitute of blood; for scarce one drop appeared on opening the parts.

I separated the membranes slowly, which adhered to the inside of the uterus. In this operation, I perceived little small filaments, like hairs, that were extended; and in separating, some shrunk into the uterus, and some to the membranes. I found the placenta adhering to the lower part and left side of the uterus, and about three fingers' breadth of it lying over the os uteri. I then also separated the placenta, and found filaments about the size of hogs' bristles, shrinking in as the former. All this part of the placenta looked florid, but that which was disengaged, and over the os uteri, appeared livid, and split in the middle; which probably was the occasion of the child's death, by allowing the blood to be discharged from the placenta. The os uteri was thin, soft, and open to the breadth of half a crown. I dilated it with ease, which showed, that if I had been sent for in the evening, she might have been safely delivered. The head presented; but in the hurry, I did not then observe the position of the body. The woman had easy labours in her former children.

CASE 431.—*Primipara; Fatal Hæmorrhage from Placenta prævia; the Uterus was opened, and everything ap-*



*peared much in the same manner as in the former case.* (In the year 1748.)—The woman was turned of 40, of a gross habit, and had never bore a child. In the seventh month of her pregnancy she received a fall, that brought on a large discharge; which, however, by proper management, was soon restrained, though it commonly returned on the least motion or exercise.

About the middle of the eighth month I was called, when it had returned in larger quantity than before; but it diminished by degrees, and soon stopped altogether. What seemed to me most necessary at that juncture, was to keep up her strength by a nutritive diet, consisting of the lightest kind of food. But being apprehensive of danger from her great weakness, I advised the husband to call in a physician; who approved of what had been done, and ordered the same regimen to be continued. After this she went on tolerably well, having now and then some small returns, though not so much as to require any other method; for the delivery could not have been attempted with any probability of success, even although the discharge had been in greater quantity, the os internum being close shut, and extremely rigid.

Two or three weeks before her full time, she was taken with slight pains, upon which I was called, and found the os internum opened about the breadth of a sixpence, and within it a soft substance, that felt like the placenta or coagulated blood. As she had rested but indifferently the preceding night, was faint and weak, and had some small returns of the discharge, I desired a consultation with another of the profession; and the family being strangers in England, mentioned some of the most eminent in my own way. One of the women proposed Sir Richard Manningham; but he being engaged, Dr. Sands was sent for; who gave it as his opinion, that it was still proper to support her strength by broths and nourishing food, and more

safe to wait until the slight pains should bring on the right labour, than to use any violence to deliver her immediately.

I was again called about nine o'clock the same night, when she was taken all of a sudden with frequent faintings ; in one of which she expired as I entered the room. This sudden alteration prevented me from making any attempt ; and indeed, had not this event happened, I should have been afraid of her dying in the operation, because of her gross and weak habit of body. Cases of this kind require the utmost prudence and caution. I have saved many women and children by immediate delivery, when the patients were not very low and weak, or wore out with frequent losses of blood, and when the discharge happened all of a sudden, in a good constitution, the parts being open, soft, and used to extension by a former birth ; but when the constitution is gross, the parts rigid, and the patient weakened by interrupted floodings, I have always practised the foregoing method, which has often been attended with success.

As soon as all present were satisfied that this person was dead, I opened the abdomen, and having taken out the child, examined the uterus. I found the placenta firmly adhering to its inferior and posterior parts ; about two fingers' breadth of its lower edge was separated from the os internum, which it covered ; and this was what Dr. Sands and I had felt in the morning. Having extracted the secundines, I tried with my hand to open the os internum from the inside of the uterus ; which with great force I performed, not without tearing it about two inches on one side. By this it appears how difficult it is to dilate this part in women going of a first child, especially when they are pretty old. Indeed it is sometimes impossible to be done before they come to their full time ; and even then, not until the parts are thin, soft, and largely opened by

previous labours ; as described in Cases 387, 389, and 396.

CASE 432.—*A Case of Flooding from Placenta prævia ; the Woman died, and the Cæsarian operation was performed immediately after ; Fœtus dead.* Covent Garden, April 1747.—The woman was above eight months gone with her fourth or fifth child. She had got up and fatigued herself pretty much in the morning ; in consequence of which she was seized with pains in the back. She tried to make water, and all of a sudden was taken with a violent flooding, which almost filled the chamber-pot. Her midwife, Mrs. Draper, being sent for, desired they would call me immediately. When I came, the flooding was stayed. I endeavoured to examine, but could not reach the os uteri on account of her shivering. As she was easier, and not much weakened, they would not allow me to persist in my endeavours. I told her friends the danger to which she would be exposed, if the flooding returned with violence ; and exhorted them in that case to send for me immediately. In the mean time, as her pulse was full, I ordered ten ounces of blood to be taken from her arm, directing her to keep in bed, and take frequently two spoonfuls of the following mixture, *Infus. Rosar. Rubr. ʒv, Elix. Vitrioli, Gut. x, Syr. e Meconio, ʒj* ; and that a linen rag dipped in the following decoction should be put up the vagina, *R. Cort. Granati. Querci. Flor. Balaustior. Rosar. Rubr. ā ʒj, coq. in Aq. Font. q. s. ad ʒiv, colaturæ, Adde Alum. rup. ʒss, Vin. Rubr. ʒij*.

She was again attacked with the flooding about eleven at night, and sent for the midwife ; and though she was not at home, they delayed calling me till about six in the morning. I felt her pulse, which I could scarce distinguish : her extremities were cold ; a cold sweat had spread all over her face and breasts ; and she could scarcely speak.

I immediately ordered her a cordial *Julep*, with *Tinctur. Castor*, and *Sp. Salis Ammoniac.*; and in the mean time gave her some warm red wine. Her vessels were so much emptied, that the flooding was serous and much stayed. I ordered ligatures above the knees and elbows, and warm cloths and bricks to be applied to her feet and hands. All these steps were taken in order to recover her strength and spirits before I attempted to deliver: but before my directions could be put in practice, she was taken with a violent convulsion, and expired immediately. I then proposed to try to save the child, if alive, by performing the Cæsarian operation; a proposal to which they agreed.

In order to prevent reflections, and ascertain that the woman was really dead, I sent for the apothecary, and immediately opened the abdomen and uterus. Then I extracted the child; but felt no pulsation in the arteries of the funis umbilicalis; neither was there any pulsation felt at the heart. I rubbed the child's head with spirits, slapped the nates, and shook the body to give pain and make it shrink. A nismus of this kind, operating on the nerves, sometimes stimulates the heart to contraction, and affords an easy admission of the air to rush into the lungs. I then tried to inflate the lungs, by blowing in at the child's mouth; but all these efforts were to no purpose, though made in less than four minutes after the mother expired.

The child was plump and full grown: the scrotum and lips were not livid: but the joints were a little rigid; a circumstance which denoted that it had been dead some hours.

I now examined more narrowly the following particulars. On opening the woman, I found the parietes of the abdomen thin and tense from the stretching of the uterus. I made the incision with an armed lancet, which was the instrument easiest procured, from the navel along the linea alba to the ossa pubis, through the integuments and peritoneum. The uterus, which was fully distended with the



waters, appeared through the openings, and stretched the lips several inches from each other. I then opened the uterus, which was about three eighths of an inch thick; there seemed to be about three or four pints of water contained in the membranes. When I came to examine the adhesion of the membranes and placenta, I found the membranes adhering everywhere to the uterus; and on separating them slowly, observed everywhere little small filaments like hairs extended from the one to the other. The placenta adhered to the back and lower part of the uterus.

I introduced my finger up the vagina to the os uteri, which was opened about half an inch, and found the lower edge of the placenta covering it on the inside, adhering all round it, and also firmly adhering all along the lower and back part of the uterus. This I separated slowly from the uterus; and here likewise appeared filaments rising from the one to the other, as in the membranes; but as large as hogs' bristles. But there was a greater roughness or inequality, resembling small indentations in that part of the uterus, and not so smooth as where the membranes adhered. There was no red blood in the vessels to be seen, because the body was quite exhausted. Where the uterus was opened, there appeared the mouths of a great number of vessels, some of them half an inch in diameter. The flooding seemed to proceed from the position of the placenta over the os uteri, which always happens when the placenta presents first. The head of the child was turned down to the os internum.

[In each of these three cases the child was cut out of the womb with the least possible delay after the dissolution of the mother; and yet in each instance it did not show a spark of life. This result need hardly cause any surprise; for a hæmorrhage sufficient to kill the patient could scarcely fail of exerting a fatal influence upon her fœtus.

In the last related of these cases Smellie mentions his having

put ligatures on the arms and legs, "in order to recover her strength and spirits." Although I fail to understand how a ligature of this kind, which certainly arrested the return of blood from the limbs, and only very partially, if at all, impeded the arterial current to the limbs, could do any good, yet it shows that the idea of ligaturing the extremities in cases of dangerous hæmorrhage with a view to husbanding the vital fluid is not a very modern one. Directly arresting the arterial current, by a tourniquet for instance, will do some good; and if at the same time the venous blood in the limb be squeezed back into the trunk, then a considerable quantity will be brought to supply the urgent need of it at the great vital centres.

These objects are in a great measure attained by using Esmarch's elastic bandage and a tourniquet or ligature to arrest the arterial current in the limb. This method which has been called by the French "auto-transfusion," was first proposed, according to Lesser, by Professor Müller of Berne.

Dr. Lesser, in his very able lecture on Transfusion and Auto-transfusion (translated in vol. lxxi of Sydenham Society's works), speaks very approvingly of auto-transfusion in the particular class of cases now before us. As it is a much simpler proceeding than transfusion, it could be employed in very many cases where the latter is not feasible. Speaking of the indications for its performance, Lesser thus expresses himself:—"In cases, therefore, similar to those in which the injection of small quantities of blood formerly proved successful, we shall very reasonably substitute for transfusion, what is now called auto-transfusion, this most powerful of all remedies termed excitants, that is, those which increase blood pressure. In other cases auto-transfusion, as we shall see by-and-by, appears at any rate to be an experiment which may be tried before every operation of transfusion." (Op. cit., p. 250.)

Again he remarks:—"In the last place, auto-transfusion is worthy of special consideration as a preliminary step to transfusion, when this latter is really indicated by profuse hæmorrhage. The performance of auto-transfusion in the interval, hitherto unemployed and so valuable as regards life, which is consumed in the necessary preparations for transfusion, will in many cases be the only means of ensuring the success of this latter operation, and will often spare us the dreadful words 'too late.' The employment of this method is the more easy, as the necessary manipulations can be entrusted

to any one, however previously inexperienced." (Op. cit., p. 251.)

The great advantage of arresting the arterial current to the limbs in post-partum hæmorrhage was pointed out some years ago by Dr. Wise. After describing a case of collapse after flooding in childbed, he goes on to say:—"In such a case the simple means of contracting the extent of the circulation by closing one or more of the arterial trunks will be of great advantage: Mr. Wardop states that the effort of raising a patient, in such a case, and accidentally closing the humeral arteries, was found sufficient for nature to rally. This will be more effectually done by raising the limb, pressing the venous blood onwards, and applying a clamp tourniquet to the humeral and femoral arteries, by which upwards of a pound of blood sent to each limb is stopped, and finds its way back to the heart. This diminished vascular circle and increase of blood stimulates the heart's action, and the greater volume of blood has a powerful influence in strengthening the weakened system" ('Dub. Journ. of Med. Science,' August 1863). Dr. Wise here distinctly recognises a double agency, viz. stopping the supply of arterial blood to a limb, and urging forward the venous blood from the limb. This latter object, I need hardly say, is more effectually secured by using the elastic bandage of Esmarch than by any other means at present known to us.

Only one opportunity has presented itself to me of making trial of Esmarch's bandage after delivery. The patient was extremely reduced from flooding before delivery; so along with the ordinary means of treatment, I put an elastic bandage on each leg. After this her condition seemed so far improved that I ventured upon going away, leaving her in charge of her medical attendant. Some little time afterwards she made great complaint of pain in the legs, and he was induced to remove *both* the bandages from off the legs; this was soon followed by symptoms of increased prostration, insomuch that transfusion was performed by Dr. M'Donnell, and with the best results; the patient slowly rallied, and eventually made an excellent recovery. I am inclined to think that the symptoms of depression and sinking coming on about an hour after delivery, which led to the performance of transfusion, were the effect of the premature and sudden removal of the elastic bandages from off the limbs.

As I have at page 397 of Volume I spoken in rather doubtful terms of the efficacy of transfusion, I feel it right to introduce here

the notes of a case I lately saw, and which has left a strong impression on my mind in favour of the operation.

I was brought to some distance from town to see a lady taken in labour at nine o'clock a.m., and who was seized with hæmorrhage about an hour later. At two o'clock p.m., when I reached the bedside, her condition was truly alarming. She had lost an enormous quantity of blood, in consequence of which she had twice fainted; the pulse was rapid and thready; the countenance pallid; and she was barely conscious. On examination I found a leg in the vagina, by making moderate traction on which the child was speedily delivered, but was perfectly dead. The placenta came away in a few minutes, the uterus contracting fairly, and there was no further bleeding. She was at this time deplorably weak, though sufficiently conscious to know that the child was born, and to ask most anxiously if it was alive, as her previous children had all been dead born. From the unsatisfactory and evasive replies to her inquiry, she at once guessed the child was dead, and the profound disappointment which this caused seemed to co-operate most powerfully in depressing her. Her condition now became most critical. With the exception of jactitation or convulsion, there were all the symptoms, in a marked degree, of acute anæmia, viz. rapid, thready, faltering pulse, vomiting, pallor and coldness of the surface, and insensibility. All the ordinary means (including rectal injections of brandy, subcutaneous injections of ether, and elevation of the trunk above the level of the head) for combating this state of collapse were perseveringly employed. At times the pulse would somewhat improve, but only for a short space. This state of things went on for *nine hours*, without any permanent or real improvement. About eight or ten fluid ounces of defibrinated blood (obtained from the husband) were now injected into her right arm by Dr. Robert McDonnell. The only observable effect of this at the time was a slight improvement in the condition of the pulse; after this, amendment was slow but progressive, and signs of reaction began to appear in the course of three or four hours. This lady's convalescence afterwards proceeded in the most satisfactory and uninterrupted manner.

In addition to the measures already mentioned in this note, and at page 386 of Vol. I, for the suppression of hæmorrhage post partum, another has lately been recommended, viz. the injection into the uterus of *warm* water at a temperature of  $110^{\circ}$  Fah. I



would scarcely have thought it worth while to mention this, but that it has lately been tried by Dr. Atthill in the Dublin Lying-in Hospital, upon two cases, and the effect in each was most satisfactory, the uterus instantly responding, the hæmorrhage ceasing, and the pulse becoming notably improved. Cold had previously and unavailingly been used in these patients.

Baudelocque recommends the *external* use of warm water for stimulating the uterus to contraction, and this remedy, applied to the sacrum or hypogastrium, I have often used with advantage. The general stimulating influence of the warm injection, besides its local effect, must be very beneficial in these extreme cases of hæmorrhage.]

Mons. Lamotte, in book 4, chap. 11, mentions some cases from other authors, and gives several himself, in which the passage to the uterus was shut up by callosities. But he opened, and made way for the birth of the children, without being obliged to perform the Cæsarian operation. (*Vide* Case 302.)

NUMB. 2.—CASE 433.—*The Cæsarian Operation performed with success by a Midwife.* (Described by Mr. DUNCAN STEWART, surgeon in Dungannon, in the County of Tyrone, Ireland.) From the ‘Medical Essays of Edinburgh,’ vol. v, art. 37.—The histories of the Cæsarian operation being so few, I send you the following. Alice O’Neale, aged about 33 years, wife to a poor farmer near Charlemont, and mother to several children, in January, 1738-9, was taken in labour, but could not be delivered of her child by several women who attempted it. She remained in this condition twelve days; the child was thought to be dead after the third day.

Mary Donally, an illiterate woman, but eminent among the common people for extracting dead births, being then called, tried also to deliver her in the common way: and her attempts not succeeding, performed the Cæsarian operation, by cutting with a razor, first the containing parts of the abdomen, and then the uterus; at the aperture of which she took

out the child and secundines. The upper part of the incision was an inch higher, and to one side of the navel, and was continued downwards, in the middle betwixt the right os ilium and the linea alba. She held the lips of the wound together with her hand till one went a mile, and returned with silk, and the common needles which tailors use. With these she joined the lips in the manner of the stitch employed ordinarily for the hare-lip; and dressed the wound with whites of eggs, as she told me some days after, when led by curiosity, I visited the poor woman, who had undergone the operation. The cure was completed with salves of the midwife's own compounding.

In about twenty-seven days the patient was able to walk a mile on foot, and came to me in a farmer's house, where she showed me the wound covered with a cicatrice; but she complained of her belly hanging outwards on the right side, where I observed a tumour as large as a child's head; and she was distressed with a flour albus, for which I gave her some medicines, and advised her to drink decoctions of the vulnerary plants, and to support the side of her belly with a bandage. The patient has enjoyed very good health ever since, manages her family affairs, and has frequently walked to market in this town, which is six miles distant from her own house.

The following is from Dr. KING, in the same volume, article 38. There is another woman lying within five miles of this place, from whom a midwife took a child, by the Cæsarian operation, near two years ago; I saw the poor woman soon after, and drew out the needles which the midwife had left to keep the lips of the wound together. I perceived the muscles contracted into a lump at the lower part of the belly, which increased, and at last broke and ran considerably. This woman is capable of doing something for her family, with the assistance of a large bandage, which keeps in her intestines. The child, which I saw,

was not extra-uterine; for several besides the midwife assured me, that a leg of it presented itself to view in the vagina before the operation.

Armagh, 23rd October, 1740.

By comparing the time and the distance of Charlemont from Armagh, as mentioned in this last part of Dr. King's letter with Mr. Stewart's, it probably must be the same woman's case which both of them relate.

NUMB. 2.—CASE 434.—*Extreme Pelvic deformity; Cæsarian section; Child dead; Death of Woman.*—The Cæsarian operation performed by Mr. SMITH, surgeon in Edinburgh, communicated to me, and enclosed in the following letter by Dr. ADAM AUSTIN.

SIR,—Enclosed I send you the case of the woman that underwent the Cæsarian operation. The only remarkable circumstance in it is, that the impregnated uterus may be cut without any considerable hæmorrhage; but it is such a dangerous operation, that it ought never to be performed if there is the least probability of bringing away the child in any shape. I was present when Mr. Smith performed the operation, and recollect the sudden contraction of the uterus, which I suppose prevented the hæmorrhage.

Edinburgh, July 28,

Yours,

1758.

A. A.

I was sent for to — Paterson, a drummer's wife in the Cannongate, June 28, 1737, about ten that night, who had been in labour for six days. She was one of the least women I ever saw, and prodigiously deformed.

I touched her, and found something in the vagina so large, that I at first took it for the head of the child; but soon found I was mistaken; for examining more attentively,

I found towards the os pubis the os uteri thick, high, and a very little dilated, and through it I felt distinctly the child's head. What I at first took for it proved to be the os coccygis of a very extraordinary size and shape, turned inwards quite across the vagina, and reaching almost to the fore part of it. About an inch and a half, or two inches above the extremity of the os coccygis, I felt the ossa pubis, not forming a convexity outwards, as they do in a natural state; but were depressed inwards, so that I could scarce get up two fingers betwixt this monstrous os coccygis and the ossa pubis. The woman being much fatigued with pains and want of sleep, I ordered an opium pill to procure rest.

I visited her next morning, and found she had slept some hours; but after she awaked, she had had violent pains. Upon touching, I found the os uteri a little more dilated, so that I could feel about the breadth of half a crown of the child's head. The constriction of the parts was such, that it was impossible to deliver her in any shape; I therefore endeavoured, with all my strength, to press downwards and backwards the os coccygis; but in vain. I then told the women that were about her that it was impossible to deliver her; they begged of me to try any method, however desperate. One of them proposed a crotchet; but the passage between the bones of the pelvis was so narrow and so crooked, that it seemed to me absolutely impossible to bring away a child in any shape through them. I promised to pay another visit soon, and to bring some of my brethren along with me, and to give her all the assistance we could.

Accordingly several of my brethren visited my patient along with me, viz. Dr. John Lermont, Mr. Drummond, surgeon and man-midwife, &c., who were unanimously of opinion that the child could never be brought through the vagina, and that the only chance she had for life, and even



that a very small one, was to undergo the Cæsarian section. This was told the woman and her friends ; and to prevent any reflections afterwards, we repeated in the strongest terms, the great danger the woman would run in the operation, and that possibly she might die in our hands ; but they were resolved to run all risks.

Accordingly ten at night was appointed for the operation. The following gentlemen were present ; Dr. Monro, professor of anatomy, Dr. John Lermont, Dr. James Dundas, Mr. Drummond, Mr. Osburn, Mr. Gibson, Mr. Douglas, surgeons.

The instruments and dressings as follow :—

1. A common scalpel. 2. A pair of crooked scissors. 3. Two needles threaded. 4. Four large needles threaded for the gastroraphia. 5. Scraped lint. 6. A large compress, napkin, and scapulary. 7. Ink. 8. A cordial to be given during the operation.

The patient was laid on her back on a table covered with blankets, with a pillow below her head. Her body being secured, I seated myself at her right side. I drew a line with ink about six inches in length, parallel to the linea alba, and four inches distant from it, in order to avoid cutting the musculus rectus. I then with a convex scalpel made an incision along the black line, through the teguments and fat. In the middle of the section I gently cut through the muscles and peritoneum, so as to get in the forefinger of the left hand ; upon which, with the crooked scissors, I enlarged the wound upwards and downwards, equal to the black line I had made in the skin. The epigastric artery was opened, which I immediately stitched.

I then cut into the uterus, and tore the membranes containing the child ; but as the child was large, I found the incision in the abdomen too small ; I was obliged to enlarge it upwards to the short ribs, and downwards to the ossa pubis, the uterus in proportion. I then extracted the

child without any violence, afterwards the placenta and the membranes. I put my hand again into the uterus and brought away some coagulated blood. The child was dead but quite fresh. I reduced a little of the gut that came down, and made the gastroraphia at three stitches without any peg.

After the first stitch the gut gave me no more trouble. I covered the wound with soft pledgets, applied a large compress, and over all the napkin and scapulary.

The poor woman bore the operation with great courage. After she was put to bed she took a quieting draught with laudanum, and a bottle of emulsion for ordinary drink. She did not lose above four or five ounces of blood during the operation. In the night she bled a little, but it stopped before I got to her ; she had not slept, but otherwise was tolerably well. Next day I visited her, she told me she had had some slumbers in the morning. About 12 o'clock she complained of sickness at her stomach, with an inclination to vomit ; her pulse was then very frequent and small. She gradually grew weaker and weaker, and died about four in the afternoon. There came not away above two teaspoonfuls of blood from the vagina ; the uterus was at least one inch and a half thick.

Her friends would not allow her body to be opened.

In the 'Memoirs of the Academy of Surgeons at Paris,' which are now translated, and published by Mr. Neal, surgeon of the London Hospital, there are a great many cases, and also the disputes for and against performing the Cæsarian operation on women when alive.

## COLLECTION XL.

### OF LACERATIONS AND INFLAMMATIONS.

(*Vide* Vol. I, p. 372.)

#### NUMB. I.—*Laceration of Perineum and Uterus.*

CASE 435.—*Primipara ; Laceration of Perineum only.*—I was called by the friends of a young woman in Park Street, who had been delivered of her first child by her aunt, who was a midwife in the country at some distance. The fifth day after delivery, the nurse had alarmed the young creature and friends, by telling them that she was tore. I examined and found that the frænum labiorum was rent, but not the sphincter ani. They were all exclaiming against the midwife. I told them that such things would sometimes happen even to the best practitioners ; that there was no danger, and that the parts would recover and contract. The great anxiety of the patient was on account of her husband, who was then abroad ; she feared that this misfortune would cool his affection. I made her easier, by assuring her, that if she kept the secret, he would know nothing of the matter.

I have indeed had cases, though seldom, in which this accident has happened ; and from knowing that it commonly occasioned great anxiety to the patient, I spoke privately to the nurse, as in the following case.

CASE 436.—*Primipara ; Laceration of the Perineum only.*—I attended an elderly woman of her first child ; the

head was large, the perineum was largely stretched and very thin. I held the flat of my hand against it during every pain, to prevent laceration by the head's coming out too suddenly. The pains were very strong ; and when one was over, I withdrew my hand to get some pomatum to lubricate the parts. In this interval a pain coming on sooner than I expected, and before I could introduce my hand to guard the parts, the head was delivered, and the parts were tore, as in the former case. I told the nurse the misfortune : but desired her not to mention it, because it would make the patient uneasy, and give her, the nurse, much trouble. I assured her the parts would recover, and no bad consequence ensue.

[As a general rule it is very unwise and unsafe for the practitioner to make a confidant of the nurse. She is pretty sure to betray him, to his great disadvantage.]

I was desired by Dr. Simpson in Spittle Square to visit a woman whom another practitioner had delivered, and where he had stitched the perineum after it had been rent in labour. The pain and inflammation were very great, and the stitches did not seem to be of any service. I therefore advised to take them out ; the patient was easier, the inflammation abated, and the parts recovered.

CASE 437.—*Laceration of Perineum, Sphincter ani, and Recto-vaginal Septum; Operation unsuccessful.*—I was called by a midwife to a woman on the fifteenth day after delivery. The perineum, vagina, and rectum, were tore into one about the length of two inches, which prevented the retention of the fæces. The edges of the lacerated parts were beginning to skin over. I attempted with scissors to pare the edges, as in the hare-lip ; but could not possibly hold the parts so as to effect this purpose. I then armed a lancet, and with the point scarified them, and with great difficulty made two deep stitches through the



vagina and rectum, and two in the perineum ; but in two days this brought on a large inflammation, and the stitches all tore out. The parts digested and skinned over ; but did not cement or join together : however, they contracted in such a manner, that in three months after she could retain her excrements.

CASES 438-9.—*Vesico-vaginal Fistula from Sloughing after Labour*.—I attended in two days at different times, where the labours had both been tedious from large children. The external parts were much inflamed, and mortified sloughs were discharged from the vagina ; after which the urine flowed involuntarily into the vagina. On examining, I found a passage from the bladder into the former. They both had made water freely for several days before I was called ; so that I was certain the openings into the vagina proceeded from one of the mortified sloughs casting off from the parts. I tried in the first to make a suture to bring on an inflammation so as to contract the opening, but could not succeed : and they continued in that miserable situation.

CASE 440.—*Laceration of Perineum, Sphincter, and Recto-vaginal Septum*.—I was called by Dr. Thomson, in Camberwell, to assist him in delivering a woman where the arm of the child presented. He told me that the woman had been so tore in a former delivery that she could with difficulty retain her excrements. Some time after her recovery we examined the parts, and advised with others ; but found it was impossible to pare the parts so as to get them to unite with the suture. Besides, the vagina and rectum, where the laceration ended, felt so thin that they could not join at that part.

One of my pupils told me he had succeeded in a case where only the perineum was tore, by making immediately

the twisted suture, as in the hare-lip ; however, as rents of the perineum only are of little consequence, I never tried that method, imagining it dangerous to expose the woman so soon after delivery : and where the vagina and rectum are tore into one, it is impossible to use the twisted suture. This last case is of more consequence, on account of the involuntary discharge of the fæces ; though in time the parts by degrees recover in some measure their retentive faculty.

I was indeed informed by several gentlemen of the profession, of an old rough practitioner at some distance from London, who, when called in laborious cases, delivers immediately with crotchet or forceps ; tears the parts, stitches them up, and, as the common phrase is, makes surgeon's work ; from which practice he has got the name of Dr. Pip, from his young competitors.

CASE 441. *Narrow Pelvis ; Natural Labour ; Laceration of Vagina ; Recovery.* A woman in 1730, from a distorted pelvis, had lost her child in a former labour, and was in labour of the second, which proved tedious also. I was called, and just as the head was delivered entered the room ; but as the child stuck at the shoulders, I delivered the body in a succeeding pain. On introducing my hand into the vagina, I was surprised to find part of it tore from the right side of the os uteri about three fingers' breadth. The placenta soon followed ; after which I again examined, and was certain of the laceration, only the rent felt smaller, and the os uteri was a little tore also on that side. This being at some distance in the country, I desired she would stir as little as possible. I was afraid of the worst from the laceration of these parts. The child was dead ; but the woman recovered without any bad symptoms. I delivered her afterwards of another, which was small and alive ; and I found a large gap or chasm at the side of the os uteri.

I have had some others, in which I have been sensible

of the os uteri having been rent ; but never found it of bad consequence, unless the patient was thrown into a fever by bad management, or other dangerous symptoms. These might bring on a mortification sooner in the uterus, by the inflammation at that part in consequence of the rent. I must except, however, Cases 389 and 396. (*Vide* also Case 302 and Case 334.)

[The recovery of this woman, and her safe delivery in a subsequent labour, after so formidable a laceration of the vagina, make her history a very remarkable one. Had it occurred to any practitioner less accurate and experienced than Smellie, we might be excused for doubting the correctness of his diagnosis. Careful statistics have demonstrated that laceration of the *vagina* in parturition is a somewhat less fatal accident than laceration of the uterus ; but the above is probably the *first case on record* (by any competent authority) where recovery took place after a *clearly ascertained rupture* of the uterus or vagina in parturition. Andrew Douglas' celebrated case referred to by nearly all writers on the subject did not occur for over fifty years after the above case of Smellie's.]

CASE 442.—*Primipara ; Narrow Pelvis ; the Uterus tore at Fundus, and the Child delivered with a Crotchet ; Death of Patient.*—An old servant of Mr. Buchanan's in Covington, in the county of Lanark, was about forty when in labour of her first child. She had been rickety when a child, and for several years was troubled with an asthma, and had recovered two or three times of an anasarca, that affected all the membrana cellulosa on the surface of her body. When I was called to her in labour, the dropsical swelling prevailed to a greater degree than formerly. She had been several days in labour : the membranes were not broken, and no waters could be felt ; the head presented, and was squeezed down into a very narrow pelvis. She was much sunk, and her pains diminished. During the time when the pains were strongest, she felt as if some-

thing in her belly had tore or given way on a sudden, and as if her belly was grown flatter, and less stretched. The pelvis was so narrow that there was a necessity to deliver by opening the head, and extracting the child with a crotchet, as directed above.

On introducing the hand to deliver the placenta, the uterus was found tore at the fundus, and the intestines pushed down. The placenta was cautiously delivered, and the intestines returned. The uterus felt lax; there was no great flooding. In order to avoid reflections, this accident was kept secret. The torn part was so large as to admit the hand to pass it. She seemed perfectly free from pain, but very weak; had no vomitings, convulsions, or flooding, and lived for ten or twelve hours afterwards.

[With the utmost respect for Smellie, I cannot but think it would have been wiser to have told the patient's friends at once the fatal accident which had happened and for which he was in no way blameable. By so doing he would have been more likely "to avoid reflections" than by keeping the matter secret. This is only the *ethical* bearing of the case, however; it is more important for us to note the seat of the laceration at the *fundus* of the uterus, for this is very unusual. I think I have only once seen an instance of this fundal rupture occurring during the progress of labour, but a few such have, I know, been recorded. The ordinary seat of the tear when it occurs in parturition is the cervix, generally at one side or the other.

Rupture of the fundus or body of the womb is more common when the accident takes place during gestation, whether spontaneously or as a consequence of direct outward violence.]

CASE 443.—*Face Presentation; Version; the Uterus ruptured; Death of Patient.* (In a letter from Mr. —, dated 1746.)—About two months ago I was called to a poor woman, who had been in travail for eight days. When I came, the midwife, a perfect goddess with the good women, had left the unhappy woman with this ex-



pression, that she had no travail-pains, and would not be delivered before she had more pains. But when I came, I found her in the lowest condition a woman could be in and alive; for I could not perceive any pulsation of her arteries.

Much against my inclination, I was persuaded by some of her friends, and after examination found the os tincæ so much dilated as to admit four of my fingers. I found likewise the chin of the foetus presenting, and resting on the os pubis of the mother. The waters were voided long before. I immediately endeavoured to grasp one of its legs, which I found, and soon delivered the woman of a dead child; but when I again introduced my hand into the uterus, to my great trouble I found the intestines. She had been frightened the day she was first taken in labour. According to your prudent advice, I spoke nothing of the matter, but pronounced her a dead woman, and she accordingly expired in less than six hours after.

[The “prudent advice” here referred to was certainly in strict accordance with Smellie’s own conduct in the last case (442). But why he should have counselled this strict secrecy I am rather at a loss to divine. Surely in the case before us the laceration could not by any possibility have been attributed to the doctor, as the woman was plainly *in articulo mortis* when his assistance was sought for. In Smellie’s time, there was a strong disposition on the part of the public, and especially of the midwives, to set down *any* casualty following an obstetric operation to the fault of the accoucheur, and if such an accident as rupture was not diagnosed and its fatal tendency explained to the friends *before* undertaking an operation for her relief, then indeed the doctor would stand a good chance of being charged with causing the fatal event. In this way we may account for Smellie’s advising secrecy when the accident was only discovered *after* the operation.]

Lamotte, Book IV, chap. 5, gives two cases, in which the uterus was tore by the violence of the pains. One woman lived three days after, and the other four. In one

of them, when opened, the rent part where the child had passed through was so contracted as just to admit the end of the little finger.

In the Memoirs of the Academy of Sciences, H. 1724, p. 36-52, are cases of lacerations of the womb in delivery.

Mauriceau, in Observation 577,

gives an account of a little woman whom he saw two months after she was delivered, who had an involuntary discharge of urine from a long tedious labour, which occasioned a suppuration in the vagina and bladder. From this a fistula remained, and through it the urine passed. He gives two more cases of the same kind.

*Vide* Lamotte, Book V, chap. 5, on Contusions and lacerations.

NUMB. 2.—*Puerperal Inflammations.*

CASE 444.—*Inflammation of the Pudenda, following delivery.*—A woman complained after the third day of a pain and hardness in the right labia pudendi. On examining and inquiry, I found the swelling and pain began to be perceived only the night before. I ordered stupes to be applied, wrung out of a decoction of emollient herbs, and to be repeated frequently, and in the intervals directed them to anoint the parts with *Ungt. Sambuci*; by which method the swelling subsided, the pain abated, and in four or five days disappeared entirely.

CASE 445.—*Inflammation of the Pudenda, following a Tedious Labour.*—The day after a severe and tedious labour, the external parts of a woman in her first child were so excessively swelled, that she could neither make water nor go to stool, although she had an inclination, and had tried frequently. I prescribed the same method as above; only instead of the emollient ointment, I advised a large poul-

tice of bread and milk to be applied and renewed after every stuping. Next day the swelling was so abated, that the patient made water freely, and went to stool; and the whole complaint, by the continuance of those applications, went off by degrees, so that the woman recovered.

CASE 446.—*Tedious labour; Inflammation of Labia and Vagina; Sloughing.*—I was called by a midwife to a woman the fifth day after delivery. The labour had been tedious and severe, occasioned by a large child; the external parts were very much swelled and livid; the pain from the inflammation had been very great, but was then a little abated; a circumstance which made me afraid that she was in danger of a mortification; however, I was in hopes from her having had a plentiful discharge of the lochia, which still continued, that the uterus was not affected. She had also made water several times, although with difficulty; but had no stool. After she was relieved by a glyster, I ordered a fomentation of the emollient herbs with some spirit of wine and sal ammoniac, with which the parts were frequently stuped and fomented. An emollient cataplasm of bread and milk was applied; after every fomentation the swelling and pains abated more and more. About the ninth day several mortified sloughs cast off, both from the labia and vagina. The cataplasms were continued and a large dossil dipped in digestive, and kept in the vagina, to prevent contractions or coalitions. The parts recovered.

CASE 447.—*Inflammation of the Uterus and neighbouring parts; Venesection; Recovery.*—Being called in 1725, to a woman on the third day after delivery of her first child, and finding that she complained of much pain and hardness above the pubes, I examined the abdomen with the hand below the bed clothes, and found the substance

of the same harder and larger than it usually felt. I was certain that it could not be from any distension of the vesica urinaria, because she had made water frequently. I was told that the labour was long and tedious; that she had in time of it pressed her belly against the lid of a high chest; that she complained of the pain immediately after delivery, and was in torment ever since.

I was much surprised to find, that although the pain had prevented sleep, yet there had been and still was a plentiful discharge, and but little fever. I imagined that the complaint proceeded from the external parts that had suffered from a contusion, by the imprudent forcing them against so hard a substance; her pulse being a little quick, she was bled in the arm to the amount of about six ounces. An emollient glyster gave her a plentiful stool; the abdomen was stuped or fomented with milk, water, and a little brandy; and a poultice of fresh cow-dung, softened with fresh butter, was laid all over the abdomen.

These were the only remedies then to be had. I gave her ten grains of the *Pil. Matthæi*: she had a pretty good night; but when the effect of the opiate was over, the pains returned in the morning. The abdomen was again stuped with a decoction of the emollient herbs, and a cataplasm of loaf-bread applied, as the smell of the former was disagreeable to the patient. These applications were repeated twice a day; and in two days more the pain, tension, and hardness abated, and the patient recovered.

[I have heard of pig's dung possessing styptic qualities and have seen it employed with that intention by ignorant peasants; but I never before heard there was any virtue in cow's dung beyond the heat and moisture which it might happen to have; and I cannot wonder that the poor patient should have complained of its being disagreeable in the extreme. Some of the old writers—Raynalde, I think—recommends the hot reeking skin of a sheep just flayed, being applied round the belly in cases of puerperal inflammation; I cannot but think that this would hardly be so disagreeable as “a



poultice of fresh cow-dung softened with fresh butter.” Its employment in this case was, however, at a very early period of Smellie’s career.]

CASE 448.—*An Inflammation supposed to be in the right Ovarium and Ligaments of the Uterus; Venesection; Fomentations; Recovery.*—In the year 1751, I was called to a woman on the fifth day after delivery. She told me, that the midwife gave her great pain in tearing (as she called it) the placenta from her right side; and that she had sent for me to examine a swelling there, which she felt with her hand. She was a lean woman: I felt the uterus contracted like a round ball; but on the right side a substance about the size of a goose egg; from this proceeded a round and long substance about the thickness of two fingers, which ended at the groin of that side; the examination of these particulars gave her great pain.

Much the same method was used to this woman as in the former case, viz. venesection, glysters, fomentations, and emollient cataplasms; besides proper management as to the six non-naturals, and keeping her in breathing sweats. The swelling on the right side diminished; but she was not free from pain till after the twentieth day.

[Any reader who may wish to know what the “six non-naturals” were, will find them enumerated by our author at page 378 of Vol. I.]

CASE 449.—*Violent pains in the Groin and Back some weeks after delivery.*—A gentlewoman in her second child had been delivered by a male practitioner, who gave her great pain in delivering the placenta; and this had continued less or more ever since. I was bespoke to attend her in the next labour, when she had an easy time; the placenta came down of itself; but in order to satisfy her

and myself, I introduced my hand into the uterus to examine. I found all sound on the inside ; nothing of any kind of tumour, hardness, or unequal contraction to account for the violent pains that she formerly complained of. By proper care and management she recovered, and was free of former pain for four weeks, which afforded great hopes of a perfect cure ; but it afterwards returned with as great violence as before.

I have delivered her three times since, and her labours have been safe and easy. She was always free from the pains for three or four weeks after. It is also remarkable, that she was always easier when with child ; from which circumstance her husband used to allege that he was the best doctor !

The pains were mostly on the right side towards the groin, but they extended quite round her back and loins. The principal physicians in London were consulted from time to time ; and she tried many different remedies ; including the cold and hot baths, with all kinds of anodynes and evacuations ; but she was not in the least relieved, neither could any of the profession find out the cause of the excruciating pains ; which in general passed for a nervous rheumatism.

Finding her free from these pains after delivery when she kept in bed, and before she went abroad, I after the next delivery kept her longer in bed, and in breathing sweats ; but notwithstanding this caution, the pains returned, and did not abate of their violence till she was again with child.

CASE 450.—*Primipara ; Violent inflammation of the Uterus, an imposthume forming, and discharged at the Navel.*—In February, 1748, I was called to Mrs. S——, in Holborn, who came on purpose from the country to be delivered of her first child. The child presented fair, yet

she was in strong labour for five or six hours: the night was cold, and she over-reached and strained herself too much, by hanging on women's shoulders and backs of chairs, and was at the latter end quite unmanageable. She would not go to bed when it was necessary; but tumbled about on the floor. At last she was safely delivered of the child and secundines; the bed was in a large closet with no fire-place in it.

She was much better next day than I expected; but complained of pains in her arms, back, and haunches, from her overstraining these parts in time of labour. Her nurse being taken ill, could not attend her so much as was necessary; so that she caught more cold, and the perspiration stopped. She was attacked on the third day with violent pains in her belly, and had no appearance of milk in her breasts: in consequence of taking a sudorific and opiate, she rested better, sweated much, and was easier next day. The discharge of the lochia was in sufficient quantity; but her pulse was low and quick.

The pains returned at night; she had little rest, and did not sweat. On the first day a hardness and swelling had been perceived above the os pubis, and the pain increased. I ordered *Elect. Mithridat.* ℥j, to be taken every eight hours, with the following draught. *R. Aq. Cinnamoni* ℥iss, *Cinnamon. Vinos,* ℥ss, *Tinct. Castor Sp. Cor. Cervi* ā *Gt.* xxx, *Syr. Croci.* ℥ss. I also prescribed a paregoric draught to be taken at night. *R. Aq. Alexiter. Simp.* ℥iss, *Nucis Moschat. Vinos.* ʒij, *Tinct. Paregor. Gt.* xxx, *Syr. e Meconio.* ℥ss.

She had no drought; her pulse was low, and she was naturally of a lax habit of body: she rested better and had plentiful sweats; but the lochia had a bad smell, and I suspected that a gangrene was beginning. I ordered her belly to be fomented with bladders, filled half full of water, as hot as she could endure it. The boluses and daughts were continued; her pains and tension of the

belly diminished; the discharge of the lochia increased: as she had pains in her back, and was costive, I ordered an emollient glyster with  $\mathfrak{z}\text{ij}$  *Sal Nitri* in it, which gave her two motions. This relieved the pains considerably; but on the sixth night they returned, and the swelling and hardness increased on the left side as high as the navel. The pain was so acute, that she took two of the paregoric draughts in two hours before she was relieved.

This method was continued till the eighth day, when she was taken with a violent looseness. She seemed at first relieved by the stools of the swelling and pain: but as they weakened her much, I was obliged to check them by ordering *Aq. Cinnam. Simp.*  $\mathfrak{z}\text{iv}$ , *Cinnam. Vinos.*  $\mathfrak{z}\text{j}$ , *Elect. e. Scordio.*  $\mathfrak{z}\text{ss}$ , *Syr. e. Meconio*  $\mathfrak{z}\text{j}$ , four spoonfuls to be taken every two hours, or as there should be occasion. Her common drink was rice-gruel, with red wine, and the white decoction; she had the paregoric draught repeated at night, the looseness went off: she rested and sweated that night, and was tolerably easy next day; but the swelling and hardness of the belly were not removed. She continued in this way to the twentieth day, being obliged to take the draught every night. She had frequent returns of the loose stools, about two or three or four in a day; but when they recurred too frequent, the former mixture was repeated, with the *Decoct. Alb.* She frequently took hartshorn jellies and broths, to keep up her strength.

All this time she had no cold shiverings, although I suspected from the seventh or eighth day that an imposthume was forming; but I was in hopes, as there was a large discharge of the lochia, of a reddish colour and good smell, although it did not diminish with the loose stools, yet it might in time carry off the disorder. This, however, did not happen. An abscess broke at the navel on the twenty-ninth day; and a large quantity of matter was discharged: this relieved



her of all her pains ; but every now and then, when the discharge stopped, the tumour and pains returned, and were relieved by the matter forcing its way afresh, or dilating the opening. The discharge continued several weeks, by which she was much weakened : but at last she recovered.

As there are seldom inflammations in the uterus without obstructions of the lochia, and seldom obstructions of the lochia, but there must be more or less of an inflammation of the uterus, they might be joined together : but as I have planned cases to illustrate the first volume, I shall for method's sake give some in this place, as well as in the other.

CASE 451.—*Primipara : puerperal fever : death on the tenth day.*

In the year 1725 I was called to a woman on the ninth day after delivery of her first child. The labour had been tedious, but safe ; for three days she seemed to be in a good way ; but her attendants imagining she ought to be supported with cordials gave her punch for her common drink. This threw her into a fever, and produced violent pains in the lower part of the abdomen. The lochia were obstructed, and the pains were very weak. I was told on my arrival that the pains had begun to abate, and she was much better.

I found her pulse quick, low, and small, with an intermission now and then ; the abdomen much tumified and hard ; a small discharge on the clothes of a brown colour and cadaverous smell. All these bad symptoms showed plainly that she was in imminent danger, and that the reason of her pains abating proceeded from a begun mortification of the uterus. The friends were much surprised when I told them of the hazard, for they imagined she was

out of danger. In a few hours she was attacked with the singultus, grew delirious, and died next morning.

The cortex was not then known to be efficacious in mortifications, and indeed in this case, as proceeding from a violent inflammation, and not from weakness, I am afraid it could have been of little service, I ordered some warm medicines and fomentations, viz. first warm stupes with the aromatic herbs, and a large epithem of *Theriac. Venet.* applied to the abdomen; and internally a mixture, four spoonfuls to be taken frequently of *Aq. Pulegij, Theriacalis*, ā ʒiij, *Syr. Croci. q. s.*

---

## COLLECTION XLI.

### COMPLICATIONS OF CHILDBED FROM ABUSE OF THE NON-NATURALS.

(*Vide* Vol. I, page 378.)

NUMB. I.—*Ill effects of premature exertion, of cold and hot air.*

CASE 452.—*Natural Labour; bad consequences from getting up too soon after delivery.*—I attended and delivered an officer's lady of her first child. The labour was safe and easy; but I was surprised when I visited her next day to find her up and dressed. I entreated her to undress and go to bed, that she might get into a breathingsweat as soon as possible; and I enlarged upon the bad consequences that would follow this misconduct. She had heard at second hand, from gentlemen in the army, of women delivered in the camp and on march, who nevertheless recovered very well; and she declared, that as she was resolved to follow the camp, she designed to use herself to that way of life. I told her, that although some might escape in cases of extreme necessity, yet many no doubt had suffered on such occasions; and I observed, that women used to hard labour and the inclemency of the weather would suffer less than those who were bred more delicately.

About an hour after I left her she was taken with violent pains in the abdomen and a cold shivering, on which the nurse undressed and put her to bed. She then gave her some warm caudle, covered her with a heap of clothes, and

sent for me. By the time I arrived she was thrown into a plentiful sweat, and the pains had abated. I desired the nurse, when the pains were entirely gone, to take off some of the superfluous clothes ; but to continue enough to keep her in a breathing sweat.

This management of the nurse prevented any bad accident, and the patient recovered very well ; but was so afraid, that I could scarce persuade her, even after the ninth day, to get out of bed.

CASE 453.—*Effects of cold and exposure soon after delivery.*—A soldier's wife, who is now a widow, and nurse in London, told me that she was delivered of a child in a wood at Dettingen, in time of an engagement ; after which she was carried in a cart with others, in a rainy night, several miles. By the cold and fatigue she was thrown into a fever, and became delirious for some days ; yet recovered, though with great difficulty.

CASE 454.—*Natural delivery ; Death from cold afterwards.*—In the beginning of my practice, I was sent for in a cold frosty night, to a poor woman at some distance in the country, who had been safely delivered. As she was excessively cold all the time of labour, from the badness of the house, the want of clothes, and necessaries of life, I gave her husband some money to go to an alehouse at a mile distance, and bring from thence something comfortable. I left directions with the midwife to get her warm as soon as possible.

The fellow got drunk, and did not return for several hours. I was told afterwards that the cold and shivering continued, and the poor creature died next morning.

Indeed, as there was little or no fuel for fire, both the midwife and I caught severe colds ; for it was a lone house, and at a distance from any inhabited neighbourhood.



CASE 455.—*Ill Effects of keeping the Patient too warm.*—Some years ago, when the summer was uncommonly hot in London, I was called to a patient in labour. There was a fire in the room, which was so hot and suffocating, that the woman and attendants and myself were scarcely able to breathe. I immediately ordered the fire to be extinguished; the windows and door of the room to be set wide open, and some of the clothes to be taken off the bed. The ignorant nurse had demanded a fire to warm the clothes or clouts, and put as many blankets on the bed as were used in cold weather. As she imagined warm and nourishing things were best, she had also mixed plenty of wine and spicery in the caudle.

When I examined, I found the labour pretty far advanced; but my patient was very hot, having a quick full pulse, accompanied with a great drought.

Being afraid of the bad consequence of these violent symptoms, I immediately ordered twelve ounces of blood to be taken from her arm; and directed her to drink barley-water acidulated with juice of lemon. The symptoms abated, and she was safely delivered in about an hour after my arrival. The discharges being in a sufficient quantity, I ordered her to be kept quiet, and to drink plentifully of barley-water without the lemon. The room being now pretty cool, the window was shut, but the door left open.

Next day, as it was still scorching hot, I ordered a window towards the north to be kept open, some mallows were strewed in the room, and placed on the tables and drawers; flowers were set in pots, and these were sprinkled every now and then with cold water. The patient being still hot and dry, and the pulse a little quick, I desired her to continue the barley-water for drink, and also to take between whiles some water gruel, with a very little white wine, and toasted bread for nourishment. By this method

the fever was abated, and she recovered better than I expected.

During the same tract of hot weather, I attended several patients in labour; and the same cautious methods being used they all recovered. I remember, by way of precaution, I ordered each of them to lose about six or eight ounces of blood, to keep moderately cool, and take a light diet, more or less, according to their different constitutions; these measures served also to prevent profuse sweats, such as happened in the following case.

CASE 456.—*Primipara; Natural labour; Fever; Death.*—Above 30 years ago, when I lived in the country, I was called to a woman on the fourth or fifth day after delivery of her first child. The weather was hot; by which, and too hot a regimen, she was thrown into profuse sweats. The discharges had been in the usual way for the first two days; but now were entirely stopped, and her breasts quite flaccid: both the milk and discharges seeming to be carried off by the excessive sweating. Her pulse was low, and her spirits were much sunk. I called in another gentleman in this uncommon case. We ordered small quantities of the *Spir. Mindereri*; with nitrous medicines, and a nutritive diet. Her body and extremities were firmly compressed with linen waistcoats and rollers; but all was to no purpose; she at last grew comatose about the ninth day, and expired.

NUMB. 2.—*Errors with respect to Eating and Drinking.*

CASE 457.—*Natural labour; Early use of animal food.*—It is really surprising to see the follies of ignorant midwives and nurses in their opinion about eating and drinking; from the excess of which many poor women have lost their lives.

I was called soon after I settled in London, by one of

the first-rate midwives, to see a shopkeeper's wife whom she had delivered the night before. I found her pulse quick; she had enjoyed little or no rest, and complained that she had an uneasiness and load at her stomach. The midwife told me she had eat nothing but her chicken; and that was her usual way with all her women, to fill up the emptiness in her bowels, and keep the wind out of the stomach.

I found the patient was naturally of a delicate constitution: I said nothing then; but ordered her to drink frequently a little barley-water instead of strong caudle, and prescribed an emollient glyster, and these had the good effect to empty and assist digestion. I afterwards argued privately with the midwife on the subject; and she was convinced, from what had happened, that the complaint proceeded from the patient's being forced to eat against her inclination. I told the midwife, that the method might do with some who had a good appetite: and indeed some of my patients have complained of being excessively hungry after delivery; and these I have allowed to eat more or less of a chicken, or of other food of easy digestion, and they were not the worse; but to those who had no such craving, I found caudle and broth with bread were better, and sat easier on the stomach.

CASE 458.—*Free use of Stimulants after Delivery; Fatal Results.*—Errors are also frequently committed in the article of drink. Many midwives imagine, that women in labour, and after delivery, ought to have strong cordials to assist and support them; such as strong waters distilled from spices and spirits, together with brandy and wine. I shall give one fatal instance of a case of this nature, which may be sufficient to deter midwives from such practices.

Many years ago, I was called in the country to a friend of my wife's, who had been safely delivered about three

days. When I arrived, they told me she had been in a great fever, and had violent pains in the abdomen for two days ; but that now she was much easier. I inquired particularly, and found that during labour, and ever since, her drink had been mostly warm punch ; three parts water, and one of brandy. She had an intense heat on the skin of her arm ; her pulse was quick, low, and intermitting. The pains, from being violent, were suddenly abated, and indeed quite gone. I then told the friends, that, far from being better, she was in the most imminent hazard of her life ; that there had been a violent inflammation of the uterus ; and that the pains abating on a sudden plainly indicated, that an incurable mortification was come on ; that as her pulse had begun to intermit, she would soon grow delirious, and die in a few hours. My prognostic was verified to the great surprise of all present.

NUMB. 3.—*Relating to Sleep and Watching.*

CASE 459.—*Good effects of Sleep after Delivery.*—It was formerly counted dangerous to allow women to sleep immediately after delivery ; but for my part, I always found it of great service to keep them quiet, as soon as they were placed right in bed.

A patient whom I had delivered, after a tedious labour, inclined to sleep ; but the nurse and attendants resolved to keep her awake, by reading old romantic stories. I told them that any danger from sleeping could only exist when there was a violent flooding ; but as that was not the present case, it was a pity to baulk her inclination. However, as they were so much afraid, I promised to stay by her with the nurse. She accordingly slept sound for two hours, and was much refreshed when she awoke. I have had many such battles with the assistants ; but always found that the sooner the patient fell into a sleep the better she recovered ; and indeed, whenever they could not



procure natural sleep, and their pulse was not very quick, I always ordered an opiate.

[Even still we occasionally meet with instances of this prejudice lingering in the popular mind, and it is hard to say how it arose. Smellie, however, was superior to it, and strongly opposed it, as he did many other ignorant notions prevalent in his day; but he expressed the opinion that any danger arising from it could only exist when there was a violent flooding, assuming that a patient might sleep where any dangerous loss was going on. The mere physiological act of sleeping would not, *per se*, add to the danger of the hæmorrhage, though it might make the attendants less vigilant and lull them into a false security regarding the patient. As a matter of fact, however, I never saw a patient inclined to sleep in presence of any serious loss.]

CASE 460.—*Good Effects of an Opiate the day after Delivery.*—I was called by an apothecary to a patient who had been delivered the day before: she had got no rest, and complained of great pains in her bowels, which did not seem to be after-pains. It was her first child. She had no stoppage of urine or symptoms of a fever. She begged of me, if possible, to relieve her; but at the same time not to give her any preparation in which there was opium. I told the apothecary, that as the pains were so violent nothing else could relieve her. He said, that opiates did never agree with her in her former complaints, or make her sleep when restless. I answered, that I wanted only to ease the pain, and after that she would sleep of course; and that we must deceive her. I ordered a draught with thirty drops of the *Tinct. Thebaic.* I called next morning, and found her free from pain. She had enjoyed good rest; and said, that she had been in heaven ever since she had taken the medicine.

I have had many instances of the same kind, when opiates were administered properly, as mentioned in the latter end of the first volume. However, I have had also

some few patients who were not in pain, but could not rest, and opiates did them no service ; as in the following case.

CASE 461.—*Primipara ; Easy Labour ; Sleeplessness ; Ill effects from Opium.*—I attended an apothecary's wife in her first child. She was every way safe and easy after delivery ; but could not sleep. I ordered a gentle opiate, which had no effect ; but instead of composing, gave her a giddiness, and presented many spectres to her imagination particularly the witches in the tragedy of Macbeth. I then ordered a bolus of *Pulv. Castor.* gr. v, and *Sal. Vol. Cor. Cervi* gr. iij, to be taken and repeated occasionally. This had the desired effect, by which she got good rest ; and it was the only remedy that procured sleep in her succeeding deliveries.

[Patients are often wont to say that opiates disagree with them, and that they cannot take them, &c., but I seldom give much heed to these statements nor let them influence me, if the administration of an opiate is really indicated ; but I yield so far to their representations as to carefully omit from the prescription all mention of the words *opium*, *laudanum*, or *morphia*.

For pure sleeplessness not the consequence of pain, chloral or bromide of potassium is generally the best hypnotic, and far superior, I should think, to Smellie's dose of castor and carbonate of ammonia.]

NUMB. 4.—*Relating to Motion and Rest.*

CASE 462.—*Fatal Consequences from getting up too soon after Delivery.*—A woman of a healthy constitution, who had been delivered twice in the country, came to live with her family in London, when big with child. I was bespoke to attend her, and she was safely delivered. I visited her the second and third days, and found everything in a good way : but was surprised, when I called on the fourth day, to find

her up, and in her common dress. She told me that she had sat up the evening and night before, and played at cards, and was to dine with the family ; that she had done the same after her former labours, and recovered much better than those who lay in bed. I exclaimed against that practice, and told her that I had been called often to patients who had been thrown into violent complaints by getting up too soon ; and I was afraid she might suffer sooner or later by being too forward. However, she persisted in her old way, and recovered exceeding well : but the next time I delivered her, she was on the fourth day taken with violent pains in the lower parts of the abdomen, which threw her into a violent fever.

As I was engaged with another patient, I did not see her till they sent for me on the sixth day, when I found the pains and fever excessive. She was immediately blooded. Dr. Shaw was called ; and we ordered draughts with the *Sal. Absinth.* and *Suc. Limon.* also the common emulsion with nitre. She grew delirious, the pain went off suddenly on the seventh, and she died the same night.

One would be apt to imagine, that this fatal catastrophe happened from her constitution's altering and becoming more delicate by a city life.

[Patients may occasionally violate with impunity the dictates of prudence and experience, but now and again these hardy, self-willed individuals pay dearly for their temerity. Even among the labouring classes of the community who are more inured to hardship and fatigue, I have often and often seen sad consequences arising from premature exertion, or what at least would be considered as such among the affluent.

I am coming round to the opinion that the old custom of confining women to bed, or at least to the horizontal posture, for the nine days following delivery, was in the long run a safe and judicious one ; I mean for patients belonging to the upper classes of society. This, however, would probably be unnecessary caution with patients of the labouring class. In the Dublin Lying-in

Hospital patients are generally allowed up on the fifth day, and they leave the hospital on the eighth day, and it is often found difficult to detain them, even when their convalescence is not as satisfactory for the time as it might be.]

CASE 463.—*Dangerous Symptoms from Premature Exertion after Delivery.*—Although, for the most part, the poorer sort of women, that are exposed to endure cold, fatigue, and hardships of all kinds, will recover by such hardy usage after delivery; yet I have been called to many, who have been in the utmost danger.

A poor woman in St. Giles's was delivered by Mrs. More and some of my pupils, who gave her some money; which being soon spent in gin with her gossips, she went out begging with her child on the fourth day after delivery, was taken with violent pains and a fever that night, and with great difficulty recovered by bleeding and antiphlogistic medicines.

CASE 464.—*Early Exertion after Delivery without any bad effects therefrom.*—A poor woman of a strong constitution, was delivered by us three times, and escaped without any complaints, although she was out in the street begging with her child, and singing ballads on the fourth or fifth day, with a man's coat on her back.

I could give many instances in which robust women, and those who have been bred hardily, will recover surprisingly; and also of such as are more delicately brought up, who, from a very small error in management, will be brought into great danger: but these are sufficient to illustrate what I have published in my first volume on that subject.

NUMB. 5.—*Obstruction of Urine.*

CASE 465.—*Retention of Urine before Delivery.*—I was called by a midwife to a woman in the Haymarket. The membranes had been broken many hours, and the head



presented. She complained of great continued pain at the lower part of the abdomen, and it increased in time of a labour-pain, which obliged her to restrain the last as much as possible. After informing myself of everything relating to the patient, I found she had made no water for many hours; from which circumstance I concluded, that the foregoing pain must proceed from too great a distension of the *vesica urinaria*. I said nothing to the woman; but bade her take courage, and told her I hoped soon to relieve her.

As she lay on her side, I tried to introduce the catheter under the clothes; but as she shrunk from me, I was obliged to take the assistance of the light of a wax taper, and drew off a large quantity of water. The pain immediately went off, and she was delivered soon after.

I have had several cases of the same kind, in which the women were relieved in the same manner. Sometimes I could introduce the catheter without inspection; but if I found it not easily performed, I chose the former method, to prevent hurting and inflaming the urethra.

[Both before and after delivery, but especially the latter, it is better to follow Smillie's example and "to take the assistance of the light of a wax taper," if the operator be inexpert, or if the condition of the parts be much altered by swelling or inflammation. This little operation Smellie seems to have performed "as she lay on her side," which is for every reason—convenience, facility, and delicacy—far preferable, whether we guide the catheter by touch or sight, to placing the patient on her back, with the knees drawn up and the thighs parted, as some modern teachers have directed.]

CASE 466.—*Retention of Urine from an Abscess pressing on the Urethra, after Delivery.*—I was called by Mrs. Draper, midwife, to a little decrepid patient, on the fifth day after delivery. The labour had been tedious, and she had passed urine several times, but with some difficulty.

At last it had stopped for about twelve hours, and she was in great pain. The catheter passed with difficulty, from the parts being inflamed. She was relieved on the discharge; but the obstruction returning, I was obliged to repeat the operation several times; and at last there was a large discharge of pus from the urethra. This reduced the swelling, and carried off the pressure on the urethra, which obstructed the passage of the urine.

CASE 467.—*Primipara; Retention of Urine during Labour and for many hours after.*—I was called to a woman, who had been three hours before I came, delivered of her first child, about eight at night. She complained of excessive pain in the abdomen. Her midwife, Mrs. Fletcher, was gone. I inquired of the patient if she had made water during labour, and she told me she had made great quantities. I examined the abdomen, and found there was not another child, and the nurse told me that the placenta was all come off: I ordered an opiate, in hopes that it would relieve the pain, and called next morning when the midwife was present. The patient was still in great pain, and had got no rest all night. I then said I was surprised that the complaint was so obstinate, especially as she had passed so much water in time of the labour, and inquired if she had made any during the night. The midwife told me, that she was certain she had made no water all the time of her labour, which was very tedious, and that she had passed none since.

I then found that the patient had mistaken the waters from the uterus for her urine; and that all these pains proceeded from the distension of the bladder. I immediately drew off a large quantity, as I remember, about five pints. She said in time of the operation, when not above a pint or less was drawn off, that now she was as if in heaven, by being free from pain.

I have had many such cases, in which I was obliged to draw off the urine several times before the patients could make water; but unless they were in great pain, I always waited to try what nature would do, sometimes to the third, or even to the fourth day, especially if they sweated much.

[I quite differ from Smellie on the question of delaying a resort to the catheter for any long time, and in the annotation at page 382 of Vol. I have made an observation on this particular point.]

#### NUMB. 5.—*Costiveness.*

CASE 468.—*Constipated Bowels for six days after Delivery.*—It is a great happiness, when patients are costive before delivery, that the child's head, as it is pressed down to the lower part of the pelvis, forces down before it the hard excrements which are contained in the rectum; by which means the patient has a plentiful stool. I have had many patients, however, who wanted relief about the fourth or fifth day after; this was easily accomplished by laxative medicines or suppositories and glysters.

I was called to a woman who had been without passage from her delivery to the seventh day. She had great strainings, but to no purpose. A glyster was tried to be thrown up; but it could not pass. A suppository was used, without producing the desired effect. About four spoonfuls of warmed oil was injected, which brought off some hard fæces: this gave room for another glyster, which relieved the patient.

CASE 469.—*Premature Delivery; Diarrhœa induced by Saline Glyster.*—A woman was delivered all of a sudden in the seventh month. She was costive, and the child passed so easily, that she had no stool at delivery. As she was next day uneasy on that account, I desired the

nurse to administer a glyster of water-gruel with a little oil; but without my knowledge she had put in a large quantity of salt. This gave her passage; but at the same time brought on a violent purging, which weakened her excessively; but, at last it was stopped by repeated opiates.

CASE 470.—*Fatal effects from Violent Purgation after Delivery.*—I was called to another to whom a glyster of the same kind had been given soon after delivery, which brought on such a violent purging as exhausted her strength, and carried her off in five or six hours, notwithstanding all the common methods were used to relieve her.

CASE 471.—*Death from Diarrhœa six weeks after Delivery.* (Being the sequel of Case 332.)—A woman, about the 18th or 20th day after delivery, when she seemed out of danger, was taken all of a sudden with a violent purging, which immediately sunk her very low; this was soon checked: but then her legs began to swell from their being so suddenly emptied and weakened by the looseness. Her stomach also nauseated all food.

Being called to her assistance, I declared her in great danger, especially as she was naturally of a weak constitution: and I advised the friends to take the advice of a physician, as it was not now my province to prescribe. Mr. Mead visited her next day, and ordered medicines to invigorate the body, by quickening the circulation of the blood, and contracting or strengthening the fibres of the bowels, such as *Confect. Cardiaca. Aq. Cinnam. &c.* Nevertheless the languor continued, and the swelling in her legs increased with violent pains in them. At last the lower part of her belly and right side swelled excessively; and she died about six weeks after delivery.



I could give more cases of costiveness and purgings; but I refer the reader to the directions in Vol. I, p. 381.

[Smellie's observation at the commencement of the above history, viz. that "it was not now his province to prescribe," though the case was only one of diarrhoea three weeks after delivery, shows the contracted sphere within which the practice of an accoucheur was confined in those days. Other passages in the course of his writings testify to the same thing. No doubt Smellie acted in deference to the ideas which were then prevalent, and such ideas were partly due to the limited requirements of the obstetrician. Midwifery was looked upon as quite a subordinate branch of the healing art, and it disqualified a man for general practice. Many years elapsed before its intimate connection with medicine and surgery was fully recognised; and many more before the profession and the public regarded the accoucheur as being on the same level with the other two great branches of medical science. The education necessary to fit a man for obstetric practice is in fact coextensive with surgery and medicine, and this has been recognised, with one partial exception, by all our great licensing bodies. At the same time I fully believe there are certain classes of medical and surgical cases which the accoucheur should decline to attend, for fear of conveying infection to his puerperal patients.]

#### NUMB. 6.—*Passions of the Mind.*

CASE 472.—*Labour Suspended by Fright.*—I attended a patient the night that the fire happened in Beaufort's Buildings, and within a few houses of the disaster. The labour went on exceedingly well, and we kept her from the knowledge of the accident for some little time, until we had taken measures for her safety, by having a chair in waiting, and a room prepared in a friend's house near Covent Garden. At length the noise alarming her, I told her the affair, and that it was at a distance; and also that we had provided for her safety: she seemed satisfied; yet the pains immediately ceased. And although the fire was extinguished, yet the pains did not return till some

hours after, when she was soon delivered, and recovered tolerably well.

[Every practitioner of moderate experience has met with cases similar to this, and showing how great an influence the mind exerts, in particular temperaments, over the action of the uterus. But what is more extraordinary, I have known a patient, at the end of pregnancy, suspend labour for some hours by the exercise of a strong will. The case occurred to myself, and was as follows:—A lady I had always attended fell in labour of her third child early in the morning. The pains were sharp and pretty strong, and she felt from the experience of her former accouchements that she would not be long ill. I was therefore summoned, but being at the time engaged with another patient, I deputed a medical friend to go in my stead. He found the patient evidently in labour, and urged the necessity of an immediate examination. This, however, she positively refused to submit to, though entreated by her mother and the nurse to consent; she moreover said she “*would* not be confined till Dr. McClintock came to her,” and told my friend “there was no use in his remaining.” True to her word, the pains nearly ceased, and when I arrived on the scene some hours afterwards I found the os uteri largely dilated and little or no pains present; but these very soon increased, and she was speedily delivered of a living child.]

CASE 473.—*Labour pains Suspended by Terror.*—In the year 1751, I was called to Fenchurch Street by one of my old pupils, who with an old midwife was attending a patient pretty much advanced in years, in labour of a first child. Everything was in a right way for a safe delivery; but as the case was tedious and lingering, both the woman and her friends were impatient, and had sent for an old blundering pretender in that neighbourhood, who told the patient, that she was in the utmost danger, if she was not immediately delivered. He said he hoped he could save her life, but the child was dead already; and he called in another midwife, who confirmed what he asserted.

The woman's pains had been vigorous ; but these dismal operations frightened her so much, that when I arrived they were quite gone off. After conversing with the patient, we (all five) went to another room, where the parties began to quarrel : I called the old blustering practitioner aside, and told him my opinion, that the woman was in no danger ; but by time and patience I hoped would be safely delivered. Nay, I threatened to have him called before the college if he insisted on any violent operation ; then he quitted the house with his associate. After this departure we had time to soothe and encourage the woman. As she had got little sleep, we gave her a draught with 30 drops of the *Tinct. Thebaic.* and the midwife delivered her safely next day.

[Bearing on this subject of the influence which passions of the mind have upon the progress of labour, I would wish to observe that some women are morbidly susceptible to pain and unable to endure its continuance for any length of time, so that when they begin to experience the throes of parturition their minds become so filled with terror and anxiety at the prospect before them that it exercises a paralysing influence on the uterus. Many writers have noticed this. Thus, Denman says, "It is constantly found that the fear of a labour, or the same impression from any other cause at the time of labour, often lessens the energy of all the powers of the constitution, and diminishes, or wholly suppresses for a time, the action of the parts concerned in parturition." And again, he observes, "In the time of a labour proceeding very slowly or irregularly, doubts and fears in the mind of the patient have an evident and great influence upon the pains ; when these are removed and her resolutions confirmed, she will go on with courage, and effects will be produced, which would have been impossible if she had remained in a state of depression." (Chap. x, section 4.)

In cases of this description the inhalation of chloroform is peculiarly beneficial. By rendering the patient oblivious of her condition and insensible to the agony, we may remove the psychical cause of disturbance, whereupon the contractions of the womb resume their normal strength and frequency, and the labour proceeds satisfactorily. Not a few cases of this kind have come under my notice,

and the good effects of the chloroform, in the way I have pointed out, were very striking.

Cases such as these, and all cases where there is a very undilated condition of the os externum, are examples of what I believe to be the only varieties of purely *natural* labour in which the administration of chloroform has a *positively beneficial and salutary influence* on the progress of labour. In most instances of natural labour chloroform contributes to the patient's *comfort*, but not at all to her *safety*.

In the above cases, however, I consider that the chloroform not only gives comfort but also promotes safety. Some of these patients have remarked to me, after their first experience of the relief produced by chloroform, that the very consciousness of so powerful a remedy being at hand, revived their drooping spirits, and inspired them with new strength and courage.]



## COLLECTION XLII.

### CASES OF FLOODING AND AFTER-PAINS.

(*Vide* Vol. I, pages 384 and 398.)

#### NUMB. I.—*Floodings during and after Labour.*

CASE 474.—*Tedious Labour; Hæmorrhage after the Placenta; Cold and Opiates.*—Many years ago, when in the country, I attended a woman in a tedious labour, who was at last safely delivered. A large discharge of blood followed the placenta, which did not abate as usual; but continued so as to sink her spirits, and endanger the patient's life. Her countenance turned pale; and her pulse became low. I immediately gave her 15 drops of *Liquid Laudanum*, and applied clothes dipped in vinegar to the pudenda. The discharge diminished; but continued to flow rather faster than I judged was safe in her weak condition. I gave five drops more in about half an hour after the first, which had the desired effect, by throwing her into sleep, and restraining the flooding.

She recovered tolerably well; but was weak for some time before she retrieved her wonted strength. The next time she happened to be in labour, she was excessively afraid of being again in the same condition, and begged I would order the same medicine by way of prevention. When I found the labour was pretty far advanced, and the os uteri dilated by the membranes, I gave her 20 drops of the *Laud. Liquid.* and before the delivery she began to doze a little betwixt the pains. She was soon delivered, and had

a moderate discharge, which gradually abated. She afterwards fell into a sound sleep, and recovered very well. I have had many such cases, in which I always found this method the most successful, when called in time, and when the vessels were not too much emptied.

CASE 475.—*Tedious Labour ; Hæmorrhage after Placenta ; Death.*—A woman whom I had safely delivered, after a tedious labour, seemed to be in a good way, but of a weakly constitution. I was called in a hurry to another patient ; but before I left her the uterine discharge was sufficiently abated. I ordered a quieting draught to be taken if she did not soon fall asleep.

In about an hour after they sent for me. When I arrived, I found the patient quite pale, with scarce any pulse. She had fainted several times. I was told by the nurse, that when moved to her bed, she was taken all of a sudden with a violent flooding, to such a degree that it ran over the bed into the floor. I immediately ordered clothes dipped in vinegar and water, wrung out, to be applied ; but while I was dropping some *Tinct. Thebaic.* into a cup with wine and water, the draught not being yet come from the apothecary's, she fell into another fainting fit and expired.

Such fatal accidents seldom happen, except in extreme weakness of constitution, or from great floodings before, and in time of delivery. I regretted that I had not given her an opiate in time of labour, which I have since found from experience to be the best method, to secure the patient from being attacked by such fatal discharges.

[This last patient was probably lost through the doctor's leaving her too soon, for when he was recalled after an hour's absence, she was dying.

In addition to the annotation on the subject of *post-partum* hæmorrhage (Vol. I, p. 386), I would wish to say here that the *hypodermic* administration of ergot is a mode of using this

medicine which would seem specially to be preferred where the *immediate* effect of the medicine is urgently desired. When so administered the ergot seems to act on the uterus with more promptitude and energy than when used in any other way. On this point I cannot do better than quote the language of Professor Alexander Simpson, writing in May, 1876 :—"The subcutaneous injection of ergotine sets up the uterine contractions with such speed, such certainty, and such safety, that the hypodermic syringe will be found an indispensable part of the furnishing of every obstetric bag." ('Edin. Monthly Jour.,' May, 1876.) My own experience quite confirms this. I have used the liquid extract of the 'British Pharmacopœia,' and found it did not set up any local irritation when injected into the muscular tissue.

In his concluding remarks on the above case Smellie expresses a strong belief in the efficacy of opium as a preventive of hæmorrhage. I think this requires to be supported ; and I feel strong doubts on this point, as well as on the use of opiates in uterine hæmorrhage, as elsewhere recommended by our author. There have not been wanting in our own day, however, accoucheurs who advocated the opinion that opium tended to promote uterine contraction, and who therefore employed it in cases of uterine hæmorrhage *post-partum*. Murphy holds a strong opinion on this point, and expresses it with great clearness and consistency. "When the nerves of the uterus have lost their natural irritability," this author observes, "and the uterus is in a state of atony, opium is the most efficient excitant to its action, because it then acts upon these nerves as a most powerful stimulant ; but when that irritability is restored, or if it be only slightly impaired, it acts as a sedative, and may paralyse the uterus" ('Lectures on Midwifery,' 2nd edit., p. 434.)

My own rule has been to withhold the exhibition of opium until the hæmorrhage is suppressed, and then to give it freely with a view to its counteracting the effects of the loss ; and its employment under these circumstances is often signally beneficial. To this agrees the advice of Dr. Barnes, who thus expresses himself on the point before us :—"It is at this stage, or when the system is rallying, that opium is so valuable. Opium is, in my opinion, decidedly contra-indicated during the flooding. It then tends to relax the uterus. But when the object is to support the system, to allay nervous irritability, there is no remedy like opium" ('Lectures on Obstetric Operations,' p. 492.)]

CASE 476.—*Hæmorrhage during Labour*.—I was called by another gentleman, to assist in a case wherein the patient was in time of labour attacked with a flooding, occasioned by part of the placenta's being detached from the uterus. He had given her repeated restringent draughts, with five drops of *Tinct. Thebaic.* in each; but as they had not procured any inclination to sleep, I advised him to give her a simple draught with *Tinct. Thebaic. Gt. xx.* This soon had the desired effect; she slept sound betwixt every pain, the flooding abated, and in a little time she was safely delivered. She had been much reduced by a flooding, was weak and low; but by her falling asleep immediately after delivery, the discharge was abated, and kept within bounds. (*Vide* Lamotte, Book 5, Chap. 4.)

NUMB. 2.—*Relative to After-Pains.*

CASE 477.—*Severe After-pains from presence of a large Coagulum*.—I was called to a woman soon after delivery, who was in great pain at intervals, and imagined she had another child to bear. I examined and felt the os uteri contracted; the uterus indeed felt larger than common when I examined the abdomen, but not so much as to induce one to believe it contained another foetus. The midwife and nurse assured me that the placenta came off without any violence. I ordered a composing mixture, with 30 drops of the *Tinct. Thebaic.*, one half to be given presently, and the remainder by degrees, as there might be occasion to relieve the pains and procure rest.

This was in the morning, and the weather was excessively cold. I called again in the evening; she was still in pain, but had dozed a little. She complained much of the coldness of her feet. I ordered hot bricks wrapped in flannel to be applied to the soles of her feet and the small of her back, which was also affected with a chillness. I



also desired the nurse to put on more clothes on the bed, and give her some caudle as hot as she could drink it. She had taken all the mixture, and I did not choose to order any more, being in hopes that this method would throw her into a plentiful sweat, which would relax the fibres, and assist nature to discharge the coagulated blood, or carry off the spasms that might be the occasion of such violent pains.

Next morning when I visited her, the nurse told me, that soon after my directions were followed, the patient fell into a profuse sweat; a very large coagulum was discharged; the pains went off, and she had a good night's rest.

CASE 478.—*Rapid labour, followed by Violent After-pains lasting for Four Days.*—I attended a patient, whose child and placenta were delivered expeditiously and safely with a very few labour-pains; but soon after that she was attacked by severe after-pains, I ordered a composing mixture, as in the former case, to procure a breathing sweat as soon as possible. She got some rest, fell into a gentle diaphoresis, and some small coagula were discharged; but after the effect of the opiate was over, the pains returned with great violence. She seemed to be in every other respect in a good way of recovery.

As her pulse was rather quick, I did not choose to repeat the opiate; but to amuse her, I ordered two spermaceti draughts, as she called for them. When I repeated my visit in the evening, the violence of the pains still continued: yet although she had not slept, she had undergone a gentle perspiration, and her pulse was become more moderate. I then prescribed a simple draught with *Tinct. Thebaic. Gt. xx*, the pains abated in the night, but returned in the morning, and grew more violent in the evening. The last draught was again repeated, and administered the night

following. The pains were entirely off on the fifth day, without any more clots of blood being discharged.

Of these two cases, the first seems to have proceeded from coagulated blood, and the last from periodical spasms or irritations; for the common discharges were in the usual proportion. I have had many such cases; but seldom many so violent.

[Many cases of puerperal uterine inflammation are at the outset nothing more than bad after-pains, and in this *spasmodic* stage the inflammatory attack may be entirely averted by the free employment of opiates and diaphoretics. There is no better preparation for these cases than the Dover's powder. If the painful contractions of the womb are not arrested in this stage, inflammatory action will gradually be set up, and then the opium treatment comes in too late.

There is another group of puerperal cases in which opiates produce most excellent effects, and which are well described by Gooch. He writes:—"There is a class of cases attended by pain and tenderness of the abdomen, with a rapid pulse, which does not require bleeding, which does not bear it to the extent to which it is necessary in the inflammatory peritoneal fevers, and which is speedily and effectually cured by opiates internally, with hot poultices to the belly, aperients, and sometimes leeches. There is reason to believe that this form of the disease is present when the patient in her ordinary health is delicate and nervous—when the pain and tenderness have followed any irritating cause, such as severe after-pains or a griping purge—when the pulse, although quick, is perfectly soft and even weak," &c. &c. "The best way of treating these cases is to wash out the large bowels by a very large glyster, to give ten grains of compound powder of ipecacuanha every three hours till the pain is gone, to keep the abdomen constantly covered with a warm linseed meal poultice," &c. &c. ('On Dis. of Women,' p. 52, Sydenham Society's edition.)]

---

## COLLECTION XLIII.

### OBSTRUCTIONS OF THE LOCHIA AND OF THE MILK.

(*Vide* Vol. I, pp. 401 and 405.)

#### NUMB. I.—*Obstructions of the Lochia.*

CASE 479.—*The Lochia obstructed in a Woman delivered by Mr. MUDGE.* (*Vide* Case 167.)—He ordered her, after delivery, to take some of the nervous medicines. He was informed next morning, that she had none of the fits ; but she seemed to be in a comatose state. She had taken the medicines two or three times ; but continued in much the same way, till towards evening, when she grew more sensible and spoke.

As she would not take caudle, he ordered mutton-broth. When he called next morning, he was told she had rested little all night, that the lochia had stopped, and the patient was delirious. He prescribed a fofus for her belly, and  $\mathfrak{O}$ j of *Pulv. Troch. de Myrrh.* About noon the delirium increased, and her pulse grew very high ; he then bled her largely at the ankle, and applied a blister to each leg. An emollient glyster was injected with the addition of 30 drops of *Ol. Succin.*, and he directed that she should swallow a slight anodyne draught after the operation of the glyster next morning.

He found her quite insensible. Her pulse, however, was more moderate ; she had no discharge with the glyster, but had made water plentifully. The blisters rose well ;

but as there was not the least appearance of her lochia, he ordered her to take the same quantity of the *Troch. de Myrrh.* with the former nervous mixture, every eight hours. The abdomen all this time was unattended with tumour or induration, or any other symptom that indicated the least tendency to inflammation. In the evening she seemed rather better; at night much mended, and she slept tolerably well. Next morning he found the fever entirely gone off, though she still rambled in her discourse.

In this way she continued near a fortnight, having no manner of fever, till at last by insensible degrees she became more sensible; but the disorder left a pain in her head, which she did not lose for some time. He observes, that the delivery was the only expedient for carrying off the convulsions, and that he had a case eight months after, wherein the lochia stopped in about eight hours after delivery, without ever returning, although he used all the means he could contrive to bring back the discharge, yet the suppression was followed by no bad symptoms of any kind.

CASE 480.—*Obstruction of the Lochia; Death of Patient.* (From Mr. MUDGE, Plymouth. Supplement to Case 395.)—After the delivery of the child and placenta, the woman's belly remained very tumid and tender. In about six hours the lochia stopped: the pulse was very quick, and the countenance florid; the pain and tension of the belly increased. She had some disposition to sweat; but all that could be done could not induce her to keep her hands covered to encourage the diaphoresis. He ordered ten ounces of blood to be taken; a fomentation in a hog's bladder to be applied to the abdomen; an emollient glyster to be injected, and ℥j of *Ol. Amygd.* to be taken once in six hours: but all was to no purpose; the swelling increased, the pulse grew small and quick, the extremities cold and clammy,



the uterus no doubt mortified, and the woman died in about thirty days after delivery. She had, it seems, three weeks before delivery, exerted her strength beyond measure ; she then found the child strongly convulsed, and never perceived its motion after. About three days before delivery, being of a masculine disposition, she ascended a church tower, where she rung one of the bells, and had very near knocked out her own brains.

Mr. Mudge observes, that he has been called to twenty preternatural cases among poor women, for every four he attended among persons of higher rank ; and thinks this difference may proceed from the poor being more liable to accidents in consequence of hard labour, and the various risks they run.

[Mr. Mudge's statement in the text requires, in order to give it any value, that we should know what was the relative proportion of these two classes of his patients ; for he may have had *five* of the poor for every one of the higher rank ; and if so, the inference is plain that preternatural cases occurred in the same proportion in both classes. Now, this is a good illustration of the loose, inaccurate, illogical way in which statistics are often used, and which has led to innumerable erroneous conclusions. For my own part I believe that the proportionate frequency of preternatural presentations is much about the same in all grades of society ; and consequently that the absolute frequency of their occurrence will be greatest in the most numerous class, and *vice versâ*. Dr. Collins, in his life of Dr. Joseph Clarke, supplies on this subject some interesting particulars from his own *hospital* practice, and also from Dr. Clarke's *private* practice, which was very great, and extended over forty-four years. These comparisons as given by Collins are as follows : Of *arm* presentations Clarke had in his *private* practice 1 in 347 ; Collins in *hospital* practice 1 in 410 cases. Of *breech* presentations Clarke had 1 in 78 cases ; Collins 1 in 68 cases. Of *footling* cases Clarke had 1 in 106 cases against Collins's 1 in 129. These results are interesting, and so far as they go tend to corroborate the opinion I have expressed above. The subject is not of sufficient importance, however, to make it worth our while pursuing it any further.]

CASE 481.—*Management of the Patient after Delivery.* (Brought from Case 318, Mr. AYER.)—When I called the day after, which was the third, I found her pulse low and quick, attended with a great drought, her skin dry and hot. She had the evening before taken one of the boluses and draughts; had slept little, and her slumbers were much disturbed and broken. She complained that her head was pained and giddy; a circumstance which, as she was so weak, I imputed to the opiate, which was scarce half a grain. She told me that no kind of sleepy medicines ever agreed with her constitution. I ordered her to be kept as quiet as possible, to drink frequently of barley-water to assuage her thirst, with now and then a little candle; and at the same time prescribed the following draughts to promote a diaphoresis, and a better discharge of the lochia.

R *Pulv. Contrayerv. gr. xxv, Castor. Opt. Salis Succini*  
*ā gr. v, Aq. Cinnamom. simp. ℥ij, Sacch. Alb. q. s. f.*  
*Haust. 6, quaque hora sumend.*

4. She had got better rest this night, and there was a larger discharge of the lochia; but the pain of her head continued; she also complained of pain in the lower part of her belly, with difficulty in making water: but on examining, I found her belly soft, no swellings on the external parts in the vagina or the os internum. She had not sweated; and her skin was dry and hot, with a quick low pulse as before. In these circumstances I thought proper to proceed in the middle way, neither to order any medicines to raise the fever too high or sink her too low. She was prescribed the following:

R *Sal. Absinth. ℥ss, Suc. Limon. ℥ss, Aq. Alexit. simp.*  
*℥iss, Pulv. Contrayerv. comp. ℥ss, Sacch. Alb. ℥ss, f.*  
*Haust. 6, quaque hora sumend.*

R *Aq. Cinnamom. simp.* ℥ivss. *Alexit. Spirit. cum Aceto.* ℥j, *Syr. Caryoph.* ℥ss, *M. Sumat. Coch.* ij, in *Languor.*

5. The above were continued, and a cerate was ordered to soften and relax the hardness and pains of the breasts.

R *Sperm. Ceti* ℥ij, *Ol. Amygd.* ℥ij, *Ceræ Alb.* ʒvj, *fiat Cerat. extend. super alut. mammis applicand.*

Her breasts were also sucked with glass pipes, but would yield no milk.

All along she got but little sleep; her skin grew hot and dry: she had a great drought, and drank plentifully of weak caudle and barley-water. She complained of pains in her stomach and head; her pulse was quick but very low. The lochia were moderate. As she was weak, and had a sufficient discharge of blood at her delivery, I durst not venture to order bleeding, although she had a difficulty or oppression in breathing; neither would I venture to order opiates internally, but prescribed the following epithem:

R *Ol. Caryoph.* ʒss, *Theriac. Androm.* ℥ij, *M. pro Emp. region. stomach. applicand.*

6. Finding all the complaints increased, and also the lochia much more diminished, I advised calling in more assistance; when Dr. Wassie was sent for, who ordered the following:

R *Pulv. e Chel. Cancr. gr.* xv, *Croc. Pulv. gr.* iv, *Syr. Bals. q. s. f. Bol. hac nocte sumend. cum Haust. sequent.*

R *Sperm. Ceti* ʒj, *solv. in Vitell. Ov. q. s. Lac. Ammon. Elix. asthmat.* ā ℥ij, *Aq. Alexit. simp.* ℥iss, *Syr. Bals.* ℥ij, *f. Haust. Repetatur eadem Bolus mane cum Haustu sequent.*

R *Sperm. Ceti* ℥j, in *Vittell. Ov. solut. Aq. Alexiter. simp.* ℥iss, *Theriac.* ℥iij, *Lac. Ammon. Syr. Bals.* ā ℥ij, *M. f. Haust.*

7. Her looks were wild, her sleep was disturbed; and she had all the symptoms of a beginning delirium.

*Mitr. Sanguis e Brachio ad* ℥ix, *statim.* R *Sperm. Ceti* ℥ss, *solut. in Vitell. Ov. q. s. Ol. Amygd. d. Syr. ex Althæa* ā ℥ij, *Sal prunell.* ℥ss, *Aqua Alexit. simp.* ℥iss, *Sp. C. C. gutt.* vii, *f. Haust. quarta quoq. hora sumend.*

R *Decoct. Gum. Arab. in Aqua hordeat fact.* lbij, *f. Emuls. ex Amygd. dul. and Sem. 4. frigid.* *Sal Prunell.*, ℥iss, *Syr. Dialth. q. s. M. Bibat pro potu tepesact.*

She grew delirious, her skin was dry with an intense heat, the pulse quick and low, difficult respiration, the lochia entirely obstructed; had sometimes violent pains at the os externum, but no swelling or hardness of the belly, or on these parts.

8. She had cooling glysters injected, which operated; such as,

*Decoct. Commun. pro Enem.* ℥ix, *Sal Glaub.* ℥j, *Ol. Oliv.* ℥iv, *Syr. Rosar. solut.* ℥iss, *f. Enema statim injiciend.*

The draughts and emulsions were continued; and the following were prescribed:

R *Sal. Absinth.* ℥j, *Suc. Limon.* ℥ss, *Aq. Alexit. Sp. cum Aceto,* ℥ss, *Simp.* ℥jss. *Pulv. e Chel. Cancro.* ℥j, *Sal. Prunell. gr.* xiv, *Syr. Croci* ℥iij. *f. Haust. 6ta quaq. hora sumend. Applicetur vesicator. inter scapulas.*

9. The delirium increased with all the other symptoms, and seemed now to be a nervous fever. There was no hardness or inflammation about the uterus or hypochon-



dria ; the draughts and emulsion were continued, and the following ordered :

R *Aq. Alexit. simp.* ℥vj, *Alexit. Spir.* ℥jss. *Tinct. Valerian. Volatil.* ℥jss, *Margarit. p. pt.* ℥j, *Syr. Bals.* ℥ss, *f. Julep. Cap. Coch.* ij, *vel iij, in languoribus.*

10. She was now much weaker and insensible, with a tremor of the tendons ; the *pulv. Contrayerv. comp.* was added to the draughts.

R *Pulv. e Chel. C. comp.* ℥j, *Sal Succin. vel Croc.* ā gr. iv, *Confect. Ralegh.* ℥ss, *Syr. Croc. q. s. f. Bolus 6ta* *quaq. hora sumend. cum Coch.* iij, *Julep. seq.*

R *Aq. Cinnam. Alex. simp.* ā ℥iij, *Aq. N. M.* ℥iij, *Sp. Sal. Vol. Ol.* ℥j, *Margarit. p. pt.* ℥ij. *Syr. Croci* ℥ss, *Cap. Coch.* iij, *in languor. Repet. Enema. Applicetur Vesicat. collo ad utrumque latus, pone aures usque ad claviculus.*

11. Blisters were applied to the arms, and the other cordial medicines continued, with the addition of the pectoral decoction. Two plasters as follows were applied to the feet : *Plantis Pedum Emp. Ceph. et Emp. Vesicator.* ā *part. æqual.* She died on the twelfth day after delivery.

The above journal is inserted to show the formulæ of prescriptions used in such extraordinary cases. But those medicines are not to be prescribed indiscriminately by young practitioners, without proper advice of the more experienced.

## NUMB. 2.—*Complaints from the Milk.*

CASE 482.—*Great Mammary Distension.*—A patient after the delivery of her first child attempted to suckle the third day, when her breasts began to be a little turgid with milk ; but the child would not fix its mouth to the nipple.

When I called the following day, the nurse told me she had no nipples. I examined, and could not observe anything but the seeming vestiges where they ought to have been. The woman confessed, that when a young girl at boarding-school, she and her companions had imagined them to be warts, and pulled them off. She was obliged to give up the suckling; but the breasts being turgid and painful, I ordered a poultice of bread and milk to be applied; and endeavoured to procure a breathing sweat by keeping her warm, and directing her to drink plenty of caudle.

Next day she was easier; she had sweated excessively; her breasts were softer; and although the nipples were gone, the milk had run out, so that the pulling off the nipples had not entirely obstructed the ducts. She complained of an itching and roughness about her neck and arms; and on inspection I found them to be of the miliary, kind. She had got up, and the sweating was gone off. I ordered her to bed, and drink some of her caudle, and to keep in a gentle breathing sweat; but not to excess as before. I also directed them to renew the poultice to her breasts. Her pulse was regular; she had gone to stool, seemed every way easy, and had a plentiful discharge of the lochia. Next day she wanted to get up; but I advised her to keep in bed, on account of the eruptions which were turning scaly. The milk continued to run out. About the seventh day she had three loose stools, which carried off the milk without having any bad effect, and she recovered very well.

The next time I delivered her, she tried again to suckle the child; and, to my surprise, the child fixed so effectually on the parts, that it actually formed large well-shaped nipples, and she nursed that and two more, before I retired from practice.

CASE 483.—*Simple lacteal congestion*.—I delivered a woman of her first child, who tried to suckle, but could not get the child to take the nipples; they were very small, and the child was weak. Her breasts grew excessive hard and inflamed: they were fomented, and cataplasms applied. She was kept in a gentle breathing sweat, a nurse was procured, who had a stronger child of a month old, who suckled the patient while the nurse suckled her child: by this method the breasts were gradually emptied; and she recovering, afterwards suckled her own child.

CASE 484.—*Mastitis ending in Abscess*.—I attended another patient who was much in the same condition every way: the same method was used, but to no purpose. One of the breasts ran out, but the other inflamed to such a degree, that at last an imposthume was formed; this was opened by a surgeon, and discharged so great a collection of matter, that it weakened the patient, and threw her into an hectic fever; but she was recovered by going into the country, and drinking asses' milk.

CASE 485.—*Tumour in Breast before Delivery; ending in Cancer*.—The woman had received a blow on one of her breasts a little before she was delivered, which gave her some pain, and occasioned a swelling and hardness in the glands. The pain gradually abated; but the hard tumour still remained. After delivery, she tried to suckle as formerly (having had several children), but could not in that breast. Every method was tried to discuss the tumified glands, but to no purpose. The swelling at last grew larger and harder, the inflammation increased, and turned cancerous; and at last destroyed the woman.

## COLLECTION XLIV.

### OF PROLAPSUS VAGINÆ, PROLAPSUS AND INVERSIO UTERI, AND OF PROCIDENTIA RECTI.

(*Vide* Vol. I, page 413.)

CASE 486.—*Prolapsus Uteri; Pregnancy; Delivery; Death on Tenth day.*—This misfortune happened to a woman soon after a tedious labour, which gave her great pain: a round middle-sized pessary was introduced, and turned so that the lower edge rested at the lower and back part of the vagina, betwixt the os externum and fundament, while the upper edge was supported against the inside of the os pubis: the mouth of the womb lay against the lower edge of the round hole of the pessary: this kept up the uterus and vagina, and relieved the complaint.

Two or three months after she fell with child; and when five months gone the pessary was taken out, because it was thought needless to keep it there any longer, especially as the uterus was so large as to be supported by the upper part of the pelvis. The pessary, instead of lying in the same position as when first introduced, was found lying up along the back part of the vagina, which it kept up; and the mouth of the womb hung down on the fore part of the pessary.

This circumstance gave the first hint, that a pessary introduced, and laid in this position, was the best method for keeping up the uterus; for if the vagina is kept up, the



uterus must in consequence be kept up also. The upper part of the vagina is attached round the lips of the mouth of the womb; and as the uterus naturally sinks down into the vagina, one great advantage to married women is, that this method does not hinder them from cohabiting with their husbands.

After the pessary was withdrawn, the prolapsus of the vagina returned, and occasioned the former uneasiness. It was again introduced, and laid up along the back part of the vagina, as in the last method, which kept up the vagina as before, until she fell in labour, and then it was forced out at the beginning of the pains. She was at last safely delivered. The vagina on the fore part, at the os pubis, was very lax, and came down before the head of the child; but by cautious management it was kept up till the head came along, and then it was slipped behind the same.

She continued to recover very well till after the fifth day, and suckled the child; but an accident happened in the family, which threw her into violent agitations; a vomiting and looseness ensued; the lochia and milk disappeared; and she died in five days after, though the vomiting and diarrhœa were restrained in two days.

CASE 487.—*Of a Prolapsus Uteri in a Woman with Child, delivered in the Middle of the seventh Month.*—A middle-aged woman had a prolapsus uteri. She had been formerly delivered of a child or two at the full time, and after that miscarried twice, about the third month each. She again was pregnant; and at the end of the second month had a small discharge of blood from the vagina. She was blooded, and kept her bed several days, by which it was restrained. The same discharge returned the third and fourth month; at first in large quantity, but the last very inconsiderable. Being called to her a fortnight after, or about the middle of the fourth month, I found her in

violent pain. On examining, I found the uterus was pushed entirely out of the os externum, bigger than a man's fist. This had been occasioned by a violent fit of coughing. The vagina felt as if it was about an inch protruded before the os internum; and all the vagina appeared to be inflamed and swelled. I introduced my finger at the protrusion of the contracted vagina, which was just large enough to receive it a little way: but I could neither distinguish the os internum, or any substance contained in the uterus. It might have been the os internum opened, but of this I was uncertain: from hence it seemed probable that she was not with child. The prolapsus was reduced with some difficulty: two days after a round middle-sized pessary was introduced, and fixed up along the back part of the vagina; so as that the upper part of the vagina and os internum hung down before it.

She had before this period, for two or three months, a large discharge to the appearance of the fluor albus, and the uterus had prolapsed in that space three or four times; but being then smaller, she could easily reduce it herself. It being uncertain whether she was with child or not, although, from considering all the former circumstances, the last seemed more probable, it was resolved to order only a cooling regimen, with some saline draughts and nitrous medicines, till the next period. By these means the cough and discharge of the fluor albus were removed; she seemed to be perfectly easy, and was allowed to walk about in the house.

At the end of the fourth month, she had to appearance a regular discharge of the menses: the mouth of the os internum felt swelled and more shut; a circumstance which made it almost certain that she was not with child. Being sent for in great haste, about the middle of the seventh month, I found she had regular labour-pains; the os internum was so open, that the membranes, waters, and head

of the foetus were regularly felt; and there was no discharge of blood. As the os internum, though a little open, instead of being thin or soft, felt thick and hard, it was advisable to order first bleeding to the quantity of eight ounces, after that two emollient glysters were administered, which discharged a large quantity of fæces, and then an anodyne draught was given of *Aq. Cin. ten.* and *Syr. e Meconio.*

The salt of wormwood draughts were repeated with a cooling regimen; such as panadas, weak broths, emulsions with *Sal. Nitri.* and boiled chicken. The pains went off for twenty-four hours, after which they returned, the os internum now felt much more open and soft; the membranes were pushed down with the waters. It was then more proper to let the labour go on. The foetus was soon delivered; after which there was some discharge of blood. No violence was used to bring away the secundines. As the placenta separated from the uterus, the discharge increased, but not to any large quantity; and in three hours the secundines were forced through the os internum into the vagina. By pulling softly at the funis, and at the edge of the placenta with two fingers, they were easily extracted. She recovered very well. She had for two days some difficulty in making water, but that complaint went off. The child was very small, and was reared with great difficulty.

#### *Inversions of the Uterus.*

CASE 488.—*Inversion from Pulling Funis; Death of Patient; Placenta still adhering to Uterus.*—Mr. Giffard, in his 'Cases in Midwifry,' p. 421 (Case CLXXVI), mentions a delivery in which the uterus was inverted, and drawn out beyond the labia pudendi, with the placenta adhering to it.

Mr. Chapman, Case 29, has a case also of the inversion of the uterus,

Mons. Lamotte, lib. 5, chap. 10, and 11, describes an inversion of the uterus and relaxation of the vagina.

I was called to a woman, who died before my arrival. I found the uterus inverted; pulled quite without the external parts, and the placenta adhering firmly to the fundus. This misfortune was occasioned by the midwife's pulling at the placenta with too great force.

CASE 489.—*Acute Inversion of the Uterus after Delivery; Death of Patient.* (From Mr. Lucas, dated Pontefract, December 1759.)—In April last, I was called to a woman just delivered of a live healthy child; and to my surprise found the uterus totally inverted, lying betwixt her thighs, of the size of a large foot-ball.

The woman's pulse was weak and unequal, and there was a continued pouring forth of blood from the vessels of the uterus.

I apprised the friends of the great danger of so deplorable a case. Nevertheless, with the approbation of a judicious physician, her neighbour, I undertook and succeeded in the reduction; and afterwards gave her gentle anodyne and cordial medicines, and left her in appearance better, and tolerable easy.

In about half an hour I was again called, and found her speechless, the pulse imperceptible, clammy sweats, respiration deep and slow, and in a few minutes death closed the scene.

All the parts were so lax, that the uterus had not the power of contraction; for it was lying like a loose piece of tripe, and taken for an excrescence, till I examined it more strictly, and after separating the placenta, reduced it into the abdomen.

CASE 490.—*A Prolapsus Uteri, which could not be reduced; but mortified, and the patient died.* (In a letter



from Mr. OAKLEY, of Birmingham, dated 1757.)—"Sir,—I was lately called to a woman near this town. I found her in bed, and she gave me the following account of her case. That assisting her husband in lifting a weight that afternoon, she felt a lump fall out of her body. On which she sent for a midwife, who endeavoured to restore it into its place; but not being able to reduce the same, advised to send for me. Upon examination, I found the uterus out of the os externum, about the size of a large man's fist, hard, and the glands scirrhus, each having the exact appearance of a garden-bean. The patient was low and faint, had but little pains. As reduction was impracticable, I immediately directed emollient and discutient fomentations with poultices; and after some days bled her in a small quantity, for she was too weak to bear the loss of much blood. Her body was kept open, and when restless with pain quieted with opiates. Notwithstanding which, it increased in size, and after three weeks discharged a thin ichor from its whole surface, and in about six weeks the patient died.

I should take it as a very great favour to have your opinion about extirpation by ligature, which I think might have been easily done, and which I proposed to the patient; but she would not submit to the operation." My opinion was, that I could not resolve his question, as I never had any case in which it could not be reduced; but, no doubt, when a gangrenous appearance begins, and there is no hope of the reduction, what he proposed should be attempted to save the patient's life; but such operation should not be attempted without the concurring approbation of experienced surgeons; nor should it be undertaken but when the patient has strength, and the gangrene is only begun at the lower parts, and not advanced above the parts that are to be separated. Mr. Girle, of St. Thomas's Hospital once appointed the pupils to attend the

amputation of the uterus ; but, luckily for the patient, it was reduced the night before.

CASE 491.—*Prolapsus of the Rectum, during and after Labour.*—A Woman, in whom the hemorrhoidal vessels were much tumified, painful, inflamed, and forced out to a large size, in time of labour. After a pain was over, I reduced them, by lubricating and forcing them gently up within the sphincter ani ; but next pain they were again forced out. I reduced them a second time, and kept them up with a thick compress pressed with my hand against the part every pain ; but when the head of the child was forcing down to the lower part of the pelvis, they were again protruded, with a large quantity of hard excrement ; and it was impossible to reduce them till after the child was delivered. After delivery I again replaced them, and the pain of these parts abated ; but next morning, when she strained to make water, they were again forced out ; on which I was immediately sent for, and reduced them as before. As I expected this would happen every time she strained at stool, or in making water, I directed the nurse how to reduce them : she accordingly assisted her occasionally in this manner, till near the end of the month, when the swellings subsided, and the complaint went off.

CASE 492.—*Prolapse of the Rectum, after Delivery.*—I was called by Mrs. Blackwall, to a woman in whom the child presented wrong ; but I delivered her with safety. Next morning I found the patient in excessive pain, which she told me proceeded from the piles. When I examined, I found the lower part of the rectum pushed out, and so swelled that I could not reduce the parts, though it was lubricated, and I made several gentle efforts. I then ordered the part to be fomented, and warm stupes to be applied. The fomentation was composed of a decoction of

the emollient herbs, in which were mixed some vinegar and spirit of wine. After the fomenting and stuping, I again lubricated the prolapsed and swelling parts with warm oil, and at last got them reduced, though with a good deal of force. I directed the nurse to use the same method, if they should again come down on straining; however, the patient recovered without another prolapse after this reduction.

This case was a caution to me ever after, when the intestine was fallen down, always to reduce it; and after delivery, or if I felt no such complaint in time of labour, to examine these parts. This patient had been in great pain all night without enjoying any rest, so that she had all the symptoms of a violent fever. However, as she had lost an extraordinary quantity of blood in the delivery, I hoped that now, as she was relieved of the pains which occasioned these symptoms, the fever would abate. This accordingly happened; and she recovered better than could have been expected.

---

## COLLECTION XLV.

### SCALP TUMOURS, IMPOSTHUMES, DISLOCATIONS AND FRACTURES, OF NEW-BORN CHILDREN.

(*Vide* Vol. I, p. 417.)

#### NUMB. I.—*Scalp Tumours.*

CASE 493.—*Tedious labour; large Tumour of Scalp removed by Absorption.*—A child being delivered after a very tedious labour, the head had been moulded into an oblong form; and on the apex or crown there was a large tumour, about the size of the half of a goose's egg cut through in the middle: this alarmed the mother. I ordered a compress, dipped in oil, vinegar, and spirits, to be applied to the part, and to be renewed every time the child's head was dressed, or twice a-day. On the third day, I found a fluctuation, and ordered a poultice to be applied of bread and milk, with a little oil mixed in it, to prevent its turning dry and hard, and to be renewed two or three times a-day. The tumour gradually subsided, the fluctuation of the extravasated fluid diminished, and was quite gone about the seventh or eighth day.

I have had many such cases, which were generally in a few days discussed, much in the same manner.

CASE 494.—*Bloody Tumour of Scalp; Rupture; Abscess; death.*—Another child from the same cause, had a large tumour on the crown or apex, but a little to the right side: it had continued for several days; an emollient cataplasm



had been applied ; it broke of itself, and discharged a large quantity of bloody serum mixed with pus. The child was weak and low, and another tumour formed behind the ear ; when I was called. The cataplasm was applied to that also ; and as soon as there was a fluctuation felt, the tumour was opened with the lancet, which discharged a thin pus ; but the large discharge of both (although the child sucked its mother) reduced it so low, that it expired in a few days.

This was the only case that I have seen of this kind, and it made me careful afterwards of such complaints, so as either to try to discuss the tumour, or prevent the extravasated fluids remaining too long undischarged.

CASE 495.—*Serous tumour of Scalp ; Puncture ; Cure.*—A child, on whose head a tumour of the same kind as in Case 493, was observed after delivery. The same methods were used ; but the fluctuation did not diminish, and the hairy scalp began to feel thinner. About the sixth day, I made a small opening with the point of the lancet on the basis and back-part of the tumour, which discharged about a spoonful of a serous fluid. The tumour subsided. I applied a compress dipped in the mixture mentioned in Case 493, and by gentle pressure the scalp and parts below joined or consolidated to one another.

CASE 496.—*Bloody tumour of Scalp ; Puncture ; death from Hæmorrhage.*—A case of this last kind, as in Case 495, happened, where one of the gentlemen that attended me was called. He felt a large fluctuation, on which poultices of bread and milk were applied warm from time to time ; but this method not succeeding, he had recourse to me. I was then so engaged that I could not go to see the patient ; but advised him to make the opening as in the foregoing case ; but to his great surprise a large quantity

of blood was discharged. He immediately applied a dry compress and bandage to restrain the hæmorrhage; but it continued, and destroyed the child in a short time.

In my practice I never had occasion to open above three or four of these tumours, and the expedient always succeeded; but this case rendered me more cautious in the sequel. *Vide* Case 506, in which the anus was imperforated, and a hernia of the brain existed at upper and back part of the right parietal bone.

From Mauriceau.

In the 213 page and 237 Obs. he mentions having seen a child that had been born fifteen days, which had a great tumour upon the upper part of one of the parietal bones, full of matter, which discoloured the skin. However, he recommends (in order to prevent the abscess) compresses of linen dipped in brandy, &c.

NUMB. 2.—*Dislocations and Club feet.*

CASE 497.—*Delivery by Turning; Dislocation of Humerus; not detected for months.*—Many years ago, when I was in general practice in Scotland, I delivered a woman by turning the child, and extracting it by the feet. *Vide* Case 371. Both mother and child appeared in a good way. Some months after, the father came and told me that his little daughter was a fine thriving child; but that it could not move one of the arms. As he lived at several miles distance, I promised to call the first opportunity. I then found that the shoulder had been dislocated at the time of delivery. I tried several times to reduce it; but without success.

This accident was entirely owing to my neglect in not examining after delivery, when the limb might with ease have been reduced. This was a caution to me ever after, and should be to every one, to examine carefully the ex-

tremities, and also every part of the child's body after such deliveries. This was the only luxation that ever happened to me in practice, where the child was alive.

CASE 498.—*Both Feet turned Inwards*.—Some years ago, I delivered a child, the soles of whose feet were turned inwards. Mr. Sanxy, surgeon, was called, who contrived an effectual method, which reduced the inflections at the ankles so well, as to enable the child to walk by bringing the soles of the feet to the natural position.

I had delivered before that period two or three others, in whom one or both feet were distorted in that manner, and different methods were tried with bandages and shoes to little purpose. His method was by binding down the soles of both feet with soft bandages, to one firm and straight or plain sole-piece of bend-leather, so that one foot was a stay to the other.

### NUMB. 3.—*Fractures*.

CASE 499.—*Humerus fractured in Delivery by Turning*.—Several years ago, I delivered a woman in May-Fair, of a small child. In turning and delivering it by the feet, I found the bones of one of the arms snap asunder; a circumstance which surprised me the more, as I never turned and delivered a child with greater ease, or in a slower or more cautious manner. Indeed I am persuaded it happened principally from the smallness of the bone. I said nothing; but wrapped the child up in its blanket, and laid it on the lap of one of the assistants, desiring her not to move it till I had got the woman put right in bed. I then examined the arm, and told the nurse that it was a little hurt in the delivery, but would soon recover. As the child was poor of muscular flesh, I only applied a compress dipped in brandy and water, and with a single roller

kept the ends of the bones together, which I found was sufficient at the time ; and to prevent suspicion of a fracture, I held the arm during the dressing. I desired the nurse not to let it lie on that side, and not to undress the body of the child till I was present. As I visited my patient every day, I had the opportunity of renewing the dressings as there was occasion, and the arm recovered without the parents having any other suspicion than of a strain in the delivery.

CASE 500.—*Fracture of Femur*.—I sent Mr. Neale, surgeon of the London hospital, who attended me many years ago, to deliver a poor woman. The child presented wrong, and in bringing down one of the legs, the thigh-bone was broke in the middle. After the delivery, he bound up the fracture, and by great care and frequent attendance the limb recovered.

CASE 501.—*Fracture of Thigh after Turning ; Death of Child*.—A midwife having sent for assistance, Mr. Web, of Nevis, who had then attended me a long time, went to deliver the patient, who was a poor woman. As the child presented wrong, he brought down one leg, but as the child was very large he could not deliver the body, or bring down the other leg ; on which I came to his assistance. In searching for the leg that remained in the uterus, I found the thigh bent downwards and broken : this I delivered with caution, and after that the body and head. He bound up the fracture, and was at great pains to recover the limb ; but by the mismanagement of a drunken nurse, the thigh inflamed, and the child died. This misfortune discouraged and gave my pupil much uneasiness ; but I told him that such things would sometimes happen even to the best and most careful practitioners.



CASE 502.—*Fracture of Femur ; Death of Child.*—Soon after the last peace, in 1748, many gentlemen both of the army and navy attended my lectures. We were called at night to a labour in one of the narrow lanes in broad St. Giles, where the arm of the child presented. When I came, the room was crowded with the pupils to the number of twenty-eight. Such a number going in, had so alarmed the lane, that a great mob assembled, and began to exclaim that we were trying practices. Some of the women also told us, that the parish-officers were sent for, who at that time were glad of showing their authority. On these accounts I was obliged to deliver the woman in a hurry. The child was alive ; and when this was told the mob, and that the woman was also safe, they all dispersed. I left one of the eldest pupils to stay a little after the others, who in time of dressing the child, found that one of the thighs was broken ; he tied it up, and was at great pains in attending frequently ; but the child was lost by the carelessness of a drunken mother.

[Although Smellie gives us no example of fracture of the child's *clavicle* during delivery by the pelvic extremities, yet in my experience it is a bone very apt to be broken by the manipulations of the accoucheur, more so even than the humerus ; this may, perhaps, be explained by its greater degree of ossification. Having detected the fracture it only requires, in the way of treatment, that a large pad of French wadding be put in the axilla, and the arm confined to the side, for about three weeks.]

#### NUMB. 4.—*First Dressings of Child.*

CASE 503.—*Child too tightly Dressed.*—I delivered a woman in Brook-street, who had brought a nurse from the country to attend her and the child in her lying-in. Mrs. Maddocks, midwife, dressed the child, and told her not to open and dress it again till she came ; but next morning when Mrs. Maddocks called, the nurse said she was afraid

it would be too long to wait for her coming, on which she had opened and dressed, and everything was right, observing that she had been used to that business. Next morning I was called, and told that the child was very bad. I examined and found it groaning with scarce any pulse, the extremities growing cold, and the countenance pale. I desired the nurse to undress the child; in doing which I observed, that the child was bound and pinned exceedingly tight. I said nothing to the mother; but a friend of hers being present, I imparted to her my observation. The nurse, in her own excuse, told the gentlewoman and me, that in the country she was told that the London nurses dressed them so as to give them fine shapes. I told her the danger of that practice, and that they now dressed them very loose to prevent spoiling their natural shape, which was much better and handsomer than artificial ones. I stayed till I saw the infant dressed loose; and ordered a cordial mixture of *Aq. Alexiter. simp.* ʒij, *Aq. Alex. Spirituous. Syr. Croci* ā ʒij, a little of this to be given frequently. I also advised them to get a wet nurse as soon as possible.

When I called next morning, they told me that the child expired very soon after I left the house.

I have been called several times, where I found the uneasiness of the children proceeded from too tight dressings; and by observing this circumstance in time, the danger was prevented by dressing them looser. Doctor Sands told me that he was called to a child of a relation of his own. The nurse had, as she thought, dressed it very nice, as it was then to be christened. When he examined, he found it was so tight bound that it could scarcely breathe. The face was turning livid; and as there was no time to be lost, he did not wait for its being undressed, but taking a knife or pair of scissors, ripped open the clothes; by which means the child was soon relieved.

CASE 504.—*Child too tightly Swathed*.—About two years ago, I was called to see a child, on the fourth day after delivery, and was told that it heaved, and had an oppression at its breast. The nurse undressed the child ; and the clothes did not seem tight, but I observed the bandage on the navel appeared very tight. This I ordered to be unrolled ; and plainly perceived that it was the cause of the disorder ; for the child immediately breathed with greater freedom, and did very well in the sequel.

CASE 505.—*Imperfect Ligature of Umbilicus*.—The following is from Dr. George Macaulay, London, 29th October, 1759. A midwife who is near-sighted, made the ligature of the funis umbilicalis too near the child's belly and on that part which belongs to the abdomen of the infant. After several days it was shown to me ; the ligature was not made so tight as to stop the circulation entirely, and the part was swelled and inflamed. I divided the ligature with a pair of scissors ; the funis dropped off at the usual place ; and in a few days the inflammation abated, the parts contracted, and the child had a good navel.

[We may be sure, that the Doctor George Macaulay above mentioned, was the same who communicated Case 9, and of whom I said something in the annotation at page 14 of Volume II.]

## COLLECTION XLVI.

### CASES OF IMPERFORATED ANUS; IMPERFORATE URETHRA, AND SHORTNESS OF FRÆNUM LINGUÆ.

(*Vide* Vol. I, page 420.)

#### NUMB. I.—*Of Imperforate Anus and Urethra.*

CASE 506.—*Imperforate Anus; Operation; Hernia Cerebri.*—Several years ago, I delivered a woman of her first child. When I called next day, the nurse told me that he had got no stool, although she had given several times the oil and syrup, and she was afraid there was no passage at the fundament, she having tried to introduce a stalk of parsley and butter. I inspected the part, and lubricating my little finger, introduced the same a little way into the anus; but plainly found a smooth obstruction about an inch or less from the entry.

I informed the father of the case, and the danger the child was in, unless an artificial opening was made; and advised him to send for the surgeon of the family: on which Mr. Gattaker was called. After he had examined and found the same, he advised, as the case was uncommon, to send for Mr. Middleton. They were of the same opinion with me, that it was right to try to make a perforation immediately; for although the success was uncertain, yet if the attachment was slight, it might succeed. It was then agreed to perform the operation with the trocar. Mr. Middleton sent for his, as it was of a larger size than common. Mr. Gattaker introduced the instrument, and pushed



near the point and sheath through the adhesion, in a line, as well as he could judge, along the common course of the rectum. No meconium appeared or followed on withdrawing the instrument. After this he introduced a large bougie, which went up a great way. We called next morning, and to our great satisfaction observed some meconium come down on extracting the bougie.

Another somewhat larger bougie was again introduced : the child now seemed to be in a fair way of doing well ; but next day the nurse showed us a small swelling on the upper and back part of the right parietal bone, which was turning livid, and indeed had not been observed by me at the delivery. On examining the tumour, we found a round opening in the bone about an inch and a half diameter, and some of the brain pushed through it ; but this could not be reduced, and no doubt was begun to mortify, for the child died next day.

CASE 507.—*The Case of a male Child born without an Anus, or Intestinum Rectum.* (By Mr. JAMES JAMIESON, surgeon in Kelso.)—From the ‘Medical Essays of Edinburgh,’ vol. iv, Article 32.—Some years ago, Mrs. Hannak, midwife in this town, was called to one Mrs. Stephenson, in Plowland, five miles distant from this place, whom she delivered of twins, the one female, the other male ; and discovering in the latter no appearance of an anus, came home and sent me to see the child, whom I found otherwise sprightly and seemingly in good health, but not the least vestige of an anus to be seen or felt, but equally firm and solid from the coccyx to the scrotum : whereupon I told the grandmother, who only was acquainted therewith by the midwife, that it was preternatural, and that though I had twice seen the anus covered by a membrane, which was easily cured, I could not promise to do the like in this ; but if she pleased, I should try to reach the gut by inci-

sion, which she with the mother's consent fondly agreed to. Whereupon I made an incision pretty deep in the most reasonable part ; then introduced my little finger into the wound to find the gut, but in vain. I afterwards tried the trocar, which penetrated, but nothing followed but some guts of blood ; so was obliged to leave the patient without prospect of further help from me, only desired, when he died, I might be allowed to open the body ; which I did next day. Upon opening the child, I saw the rectum entirely wanting, and the colon was a perfect intestinum cæcum suspended loosely in the abdomen, and full of meconium ; all the other parts being in a natural state.

CASE 508.—*A Case of an Imperforated Anus ; failure of the operation ; death ; autopsy.* (From Mr. Pinkstan, surgeon in London.)—Tuesday evening, May 7, 1754, I delivered M. K., of a female child. Next morning the nurse told me the child had no stool, although she had used all the common methods to procure one ; besides, she saw no fault at the fundament.

On examining, I imagined the same ; but after introducing a probe about half an inch, I met with a firm and solid resistance.

I then told the mother the necessity there was for performing an operation on the child ; though not without expressing some doubt of its success. Having obtained her consent, I cut about half an inch into the resisting substance ; and finding that none of the fæces followed, I enlarged the external orifice, and went about half an inch deeper.

Seeing at last nothing issue out but a little blood, I introduced my finger, and found a resistance that made me despair of succeeding in any farther attempt of that kind, and I dressed up the wound.

The child had that night stercoraceous vomitings ; and

these continued till its death, which happened on the twelfth in the morning (*i.e.*, on the fifth day).

After much entreaty, I was permitted to open the child, when I found the rectum callous and imperforate as far as the last vertebra of the loins, which showed the defect was absolutely incurable. In cases, however, of this kind, I think a cure should always be attempted.

CASE 509.—*The Urethra of a Child imperforated, operation; recovery.* (In a letter from Mr. LUCAS, of Pontefract, in Yorkshire, March 1753.)—The day after delivering a woman of thirty-six years of age, of her first child, by the assistance of the forceps, I paid her a visit, and understood the child during that time had never made water. Upon inspecting the parts, I found the glans penis imperforated, and of a bad formation, with scarce any prepuce, and no appearance or the least vestige of the urethra. On this I made an opening with a small lancet pretty deep along the penis, where the urethra is naturally fitted, and to its utmost extremity. I repeated it several times, making crucial incisions; I also tried to pass a small probe, but all my attempts were unsuccessful: a great hæmorrhage obliged me to desist, and commit the whole to nature, which in about twelve hours proved very friendly; for the urine forced itself a passage through the semi-divided fibres into the artificial urethra formed by the various punctures of the lancet.

The child and mother soon recovered, and did well.

*Vide* Lamotte, Book I, Chap. 30, on Imperforation of the Fundament and Urethra. The French edition is translated by Mr. Tomkins, surgeon of the Foundling Hospital, and published by Mr. Waugh, in Lombard street.

#### NUMB. 2.—*Of Children Tongue-tied.*

CASE 510.—*Swelling of Sublingual Glands after De-*

*livery*.—A woman whom I delivered of a child brought by the feet through a very narrow pelvis, told me, when I called next day, that I had brought her a fine girl; but the nurse declared she had got two tongues. I suspected what was the matter, but said nothing. When I examined the case, I found there was a large swelling under the tongue, and that the pressure had flattened it so as to give it that appearance. To make the parents easy, I ordered a mixture with barley-water and *Mel. Rosarum*, and to moisten the part now and then by means of a feather, and told them this appearance would vanish in a few days; which prognostic was verified accordingly. This swelling was occasioned by my finger, which I was obliged to introduce into the mouth in delivering the head.

CASE 511.—*Hæmorrhage after Division of Frænum Lingue*.—Cases of the tongue's being confined, and tied by a thin membrane to the under part of the mouth, are so common, and so easily assisted, that it would be superfluous to enumerate particulars, except where attended with difficulty or danger. I have only had two cases in all my practice that appeared dangerous.

A poor woman brought her child to me, and told me that it was tongue tied, and could not suck. When I raised it up, I perceived, instead of a thin membrane, a very thick one, and something like an excrescence formed below, to which the under part of the tongue adhered. Her labour had been natural and easy. I endeavoured to divide it slowly with a lancet armed; but as it bled a good deal I desisted, having heard of some fatal instances of the kind, though at second hand only. Indeed I was a little uneasy at its bleeding so much, as I had divided so small a part, where no pressure could be made on the head; or any certain vessel taken up. I wiped it frequently with a linen rag; but it still continued to bleed. I sent for



some *pulv. stypt.* but before it came, I recollected that spirit of wine would contract small vessels, and immediately dipped a feather in some lamp-spirits, and with it touched the divided vessels, which contracted in an instant. Nevertheless, for security, I made the woman stay some time ; but the first touch was sufficient.

CASE 512.—*Swelling under Tongue in a Child three years old.*—I had been assured by a surgeon, that he had brought down such an excrescence by touching it now and then with lunar caustic. I tried to relieve a second child that was brought to me with much the same complaint as the former. The child was about three years old, and could not move its tongue so as to pronounce articulate sounds.

I touched it several times with the lunar caustic ; but there was so much moisture from the saliva in the mouth, that the caustic was dissolved, and affected the adjacent parts. I therefore discontinued it, as it did not answer expectation in removing the impediment.

---

## COLLECTION XLVII.

### CASES OF MOULD-SHOT HEADS, CONVULSIONS, AND ERUPTIONS, IN YOUNG INFANTS.

(*Vide* Vol. I, page 423.)

#### NUMB. I.—*Mould-shot Heads.*

CASE 513.—*Convulsions in a new-born Infant from Distortion of Head; Recovery.*—Many years ago, I was sent for in a hurry to a child, who immediately after delivery was thrown into convulsive fits. The labour had been tedious; the child was large, and the head was compressed into a longish form, and to one side. I tried with the palms of my hands to mould it into a globular shape, but to no purpose.

The child had recovered, and was not in convulsions when I came; but very soon was attacked with another fit. I immediately took about two ounces of blood from the neck, and ordered a small blistering plaster to be applied betwixt the shoulders. The infant had no return of the convulsions after bleeding, and in time grew a strong healthy child. The head gradually expanded, and recovered, in some measure, a better form.

CASE 514.—*Difficult Labour; Head compressed and Misshapen; Convulsions; Recovery.*—I delivered a woman whose child was large. The pelvis was small, and the head came along with great difficulty. The head when delivered was of a very long shape: one parietal bone was

squeezed considerably over the other, and the occipital bone forced more back. The child, who cried strongly at first, was immediately after thrown into a convulsion fit. I tried to mould the bones into their proper form ; but could not alter their position. The funis umbilicalis not being yet tied, I made a ligature on the proper place in a slight manner. The nurse brought me a tea-cup. I then cut the funis, and allowed it to bleed about four spoonfuls, and then pulled the ligature tight. The child immediately recovered. As in the former case, I ordered a blister, and three grains of rhubarb to be given internally, to purge off some of the meconium.

This method seemed to answer so well, that when such cases happened where the head was much squeezed, I commonly allowed a little blood to flow from the funis, more or less, before tying it tight. It was an old method amongst the midwives in some places, to give the child three drops of blood from the funis to prevent convulsions ; and perhaps this custom might arise from some more knowing practitioner, who took this method in deceiving them, on purpose to let the navel-string bleed a little.

CASE 515.—*Convulsions soon after Birth ; Death.*—I was called to a child that was thrown into convulsions soon after delivery ; but being at a distance, I could not attend till several hours after. When I came, the child seemed in a dying condition. I immediately cut the ligature of the funis, and fomented it with warm water, in hopes it would bleed ; but to no purpose. The mother was against bleeding with a lancet. I ordered leeches to be applied to the neck, and a blister to the back ; but before they could be applied the infant expired. As the child was dressed, I did not examine the head.

No doubt it is right, when the head is squeezed in the pelvis, and of a wrong shape, to try to reduce it. I have

had many such cases ; but, as I can remember, never succeeded but once or twice at most, and then I ascribed the success to the head's not having been long retained in the passage.

NUMB. 2.—*Eruptions.*

CASE 516.—*Eruption of Red-gum on Third day after Birth.*—A child, about three days after delivery, struck out all over the body with small red eruptions, which in London the nurses call the red-gum ; but in Scotland is termed the hives. As I found the child had got little passage of the meconium, and had not sucked, I ordered three grains of rhubarb ; and if it did not operate in five or six hours, to give three grains more : both doses were given, which assisted in discharging a large quantity of meconium. On the fourth day the mother suckled the child. The milk kept the belly sufficiently open, and by degrees carried off the complaint.

CASE 517.—*Eruption, and colic.*—I was called to a child about eight days old, who was to be brought up by hand, and who was broken out much in the same manner as the former. It was also restless, and cried much. I found the child had not above four times passage since the delivery. I ordered five grains of rhubarb to be given immediately in a little thin pap, which gave the child two loose stools ; and by these the infant was relieved of the colic pains. I directed the nurse to give frequently some chicken-broth for nourishment, either by itself or mixed with the pap ; and if the child after this did not go to stool two or three times a day, to dissolve half an ounce of manna in four spoonfuls of water, and give about a spoonful of it as often as there should be occasion, to have the above effect.

The nurse told me afterwards, that she had given oil of



sweet almonds and syrup of violets without the desired effect; but that the manna, ever since the working of the rhubarb, had kept the body open, and that the eruptions were scaling off. In a few days after, when I saw the child, they were entirely gone.

CASE 518.—*Recession of Eruption from over Purgation.*—I was called to visit a child about five days after delivery. The mother told me that the child had been very well till that morning, when finding it was much bound, the nurse had given it some decoction of senna and prunes. She was afraid too much had been given, because the child was thrown into a violent purging; and this had carried in all the red gum, which had been very full on the child's body.

I ordered three ounces of the *Julepum e Cretá*, with three drops of the *Tinctur. Thebaic.*, a spoonful of this to be given presently, and to be repeated after every loose stool. This stopped the purging; and the eruptions that appeared white resumed their red colour, and went off gradually.

The mother told me, that in her former children, her milk being binding, she had been obliged frequently to give the above medicine, but in smaller quantities; and this method succeeded very well.

CASE 519.—*Erysipelas soon after Birth; Death of Child.* I delivered a patient of her first child, which was a strong healthy boy. The mother was resolved to suckle, but was obliged to give it up from an inflammation coming on the breast. I advised the nurse, in the meantime, to keep the child's body open; a caution which she neglected.

Being otherwise engaged for several days, I did not call till I was sent for in a hurry on the sixth day, when I found the child in a violent fever. I understood there had been

very little passage, and was told the child's body was full of the red gum ; but to my great surprise I found an erysipelas covering all the back and right side. I immediately ordered ten grains of *Magnesia* to be given, and also a glyster of chicken broth, which brought off a large quantity of thick meconium. This plainly shewed the child had been neglected ; but the inflammation soon turned livid, and destroyed the child.

---

## COLLECTION XLVIII.

### CASES OF PURGING, COMMONLY CALLED GREEN STOOLS; ALSO OF THRUSH.

(*Vide* Vol. I, page 427.)

#### NUMB. I.—*Green Stools in infants.*

CASE 520.—*Deranged bowels from deficient Nourishment.*—A child that was put out to a wet nurse, was taken soon after with a continual crying and restlessness. When I visited it at the desire of the parents, the child seemed much emaciated. The nurse told me, that the stools were sometimes hard, at other times curdled and green; but by the child's being so much emaciated, I suspected that the nurse had little or no milk; for it was crying incessantly, and always turning its little head from side to side. I with my finger touched the side of the mouth when it gaped, and it greedily sucked my finger. I desired the nurse to milk from her breast a little into a cup, that I might see the colour and consistence of the same. She tried, but could not squeeze out one drop; and said the child had emptied her breasts, and sucked its belly-full just before I arrived. I said nothing to her; but told the parents that I was certain the woman had little or no milk, and advised them to take away the child immediately before it was starved. I recommended another that had a good character, and who I was certain had a good breast. This advice they immediately followed; which had the desired effect in re-

cruiting the child, and carried off the green stools without the assistance of any medicine.

I could mention many cases of the same kind, where I have saved the infants when called in time.

CASE 521.—*Deranged Bowels from intemperate habits of Mother.*—A child that was suckled by the mother, near the end of the month was taken with gripings and curdled green stools. I ordered six grains of rhubarb to be given immediately, and a mixture with half an ounce of *Magnesia Alba*, and two ounces of *Aq. pur.* sweetened with sugar. A spoonful of this to be given every night and morning. As I found the milk was rather too thick, and of a yellow tincture, I desired the nurse to give the child frequently a little chicken-broth or beef-tea, especially as I found by the nurse that her mistress was irregular in drinking spirits. The child grew better, but frequently relapsed; and as they could not afford a wet nurse, I advised weaning it. My advice was followed, and the child grew better by being brought up by hand.

CASE 522.—*Green stools in a Child a month old, fed by Hand.*—I was called to a child about a month old that was brought up by hand. It had been afflicted for many days with curdled green stools, and at last was brought very low by thin watery purging. I ordered *Aq. Alewiter simp.* ℥iij, *Spirituos*, ℥ss, *Elect. e Scordio* ℥ss, mixed together, and sweetened with *Syr. simp.*, a spoonful to be given after every stool. I also directed them to administer a glyster made of the decoction of chicken-guts. For nourishment, I prescribed chicken-broth in which rice was boiled. This method had the desired effect in restraining the purging and strengthening the infant. In a few days, when the looseness returned, I ordered eight grains of toasted rhubarb and three grains of toasted nutmeg, and



in twelve hours after the mixture as above ; and these two answered the purpose. I have been called in many such cases where I have succeeded ; but when we are called in too late, the child is generally lost.

CASE 523.—*Mesenteric disease ; Death.*—I was called in to a child four months old, who had been for three weeks much in the same way as mentioned in the above case. The looseness frequently returned, and all the methods had been unsuccessfully tried, as recommended in Vol. I. The child being opened soon after it expired, I found all the glands of the mesentery swelled and in hard knots.

NUMB. 2.—*Aphthæ.*

CASE 524.—*Thrush in a young infant ; Recovery.*—I was desired to visit a child that was put out to a wet nurse, and told, that the child's mouth was so sore that it could not suck. The lips, the inside of the mouth, throat, and tongue, were full of little white spots inclining a little to yellow. The child was about a fortnight old, and had caught cold at the christening about the eighth day. It had been costive, and the stools were of a clay colour ; but was afterwards taken with loose, curdly, green stools, which still continued. The child's skin felt hot, the pulse was quick and low. I examined the nurse's milk, and found it in plenty, and of a right consistence. I desired her to give the child frequently a little chicken-broth ; to wash the mouth gently and often with a linen-rag dipped in a gargle of barley-water and *Mel Rosarum* ; also to continue, as she had already begun, to give the breast-milk, milked in the child's boat. I ordered some doses of the *Pulv. e Chel. Cancror. comp.* gr. v, *Rhubarb.* gr. i, to be given with the broth night and morning, and a blister to be applied betwixt the shoulders.

When I called next day, the nurse told me she had got down pretty often the milk and broth, but not the powders ; but that now the child's throat was so sore, that she could get down neither. The appearance of the thrush and stools was much the same. I examined the anus, and found a few spots there also. I then desired the nurse to give the child a glyster of chicken-broth, or of a decoction of chicken-guts, every four hours, to try to nourish it in that manner. Next day the thrush began to slough off the tongue. She continued the glysters. The day after that she got down some milk and broth at different times. The thrush was now more at the fundament, and so sore that the glysters were left off. After this the child seemed to recover ; the skin was cooler, the excrements were less curdled and green, and not so frequent. In a few days more the thrush went off, and the child recovered, contrary to my expectation.

I have had many such cases ; but the children seldom recovered when the thrush rose to such a height, and where they were so feverish and so much reduced. *Vide* Vol. I, page 427, on this subject.

CASE 525.—*Thrush ; Fatal*.—About thirty years ago, I was called, at a considerable distance in the country, to a child about five or six months old. The mother told me, that the infant had sweated, and been healthy, till within a month before I was called ; and without any previous bad symptom, was taken with a sore mouth full of little white spots, which by degrees turned yellow, and changed from that to a dusky colour. She informed me, that as the child could not suck, she was obliged to wean it, and support it with new-drawn whey, pap, and new milk.

The child was much emaciated ; the stools were loose, of a brown colour, and cadaverous smell. When I looked into the mouth, I saw the gums and throat black and full

of gangrenous ulcers. I told the parents that the child was in the utmost danger, and could not live long. This was late at night, and it expired before morning.

CASE 526.—*Thrush in a Child two years old ; Death.*—About a year or more after this period, I was called to a child about two years old, in whom the appearance of the mouth was much the same, and the disorder of the same duration. The gums were mortified; and in examining with my finger, two of the teeth dropped out. The child soon expired.

Although these last cases are not so proper to insert here, because I confine myself to those in the mouth, yet as they are of the same kind, and so extraordinary from their long continuance, I thought they might be pertinent, to show the danger that ensues when the patient is not assisted in time. Consult Dr. Fothergill and others on the above disorder.

---

## COLLECTION XLIX.

RELATING TO MALE AND FEMALE PRACTITIONERS.

(*Vide* Vol. I, page 430.)

### NUMB. I.—*With respect to Men Practitioners.*

CASE 527.—*A Quarrel betwixt two Practitioners adjusted.*—Mr. W., attended a woman in labour of her first child. He had gained reputation from being called to assist midwives in the country in preternatural cases ; but this being the first time of his being bespoke to attend by himself, he was at a loss how to manage his patient in a natural case.

The woman was of a healthy and robust constitution, and about thirty-eight years of age : the labour pains were pretty frequent and strong ; but he not considering that the parts must have time to soften and dilate, began as he had formerly done in preternatural cases, to lubricate and dilate the os uteri, which was then only open about the breadth of a crown piece.

In this manner he continued every now and then, to assist the delivery for several hours but to no purpose.

The nurse, a sensible woman, who had been many years in that business, exhorted him from time to time to rest, and not fatigue himself, especially as the woman was not young, and as the child presented with the head.

This was in December 1748. He had attended me one course of lectures about three years before, but had not attended the labours, imagining everything in midwifery



trifling, and that the lectures on the extraordinary cases were sufficient.

Finding himself thus foiled, and at a loss how to manage the labour, he desired her friends to send for me ; but, contrary to his inclination, another gentleman was called, who by art and cunning had got a name amongst the lower sort of patients. Both these gentlemen being self-sufficient, and impatient of advice or control, soon split in their opinions as to the presentation of the *fœtus*.

He who came last, alleged that the shoulder presented, and that the woman ought to be delivered immediately ; the other still insisted that it was the head. These debates luckily happened in another room ; and continued so obstinate and long, that the patient, who had been fatigued most of the night, fell into a sound sleep ; being at rest from her premature assistant.

The nurse, being afraid that her mistress would suffer from the disagreement of the obstetric adversaries, advised the husband to call an old practitioner. As I returned from a patient about six o'clock in the morning, the husband was advising with his neighbour, who knew me, and begged my advice and assistance. I complied with his request, and accompanied him to his house. After hearing the different parties, both male and female, I, as the patient was asleep, and only awoke now and then when disturbed with a pain, desired she might be kept quiet. In the meantime, as the season was excessively cold, I begged they would regale the attendants and me with some warm tea ; hoping also I might have time to soothe the quarrel, which by this time was pretty high ; for the females, who were numerous, had entered into the dispute. At their desire, I examined the patient in time of a pain, and found the *os uteri* a little open, but rigid. From the globular form and hardness of what presented, I imagined it rather

the head than any other part of the foetus ; resting on the upper part of the ossa pubis.

I then called the gentlemen aside, and observed that the position of the child was of no consequence at present ; that the woman being now easier, this her first child, the os uteri rigid, and the membranes not broken, it would be better to encourage rest, and allow time for the parts to soften and stretch gradually by the pushing down of the membranes and waters. I said, if the head presented, it would probably advance ; or if the shoulder, then it would be time enough to assist when there was more room, especially as the waters were not yet come off.

By this remonstrance I brought them to a better temper, and they were at last reconciled. Indeed I thought it always my duty to make up such breaches for the general good of society, as well as for the honour of the profession.

I advised Mr. W, to attend his patient, but not to disturb her in the least ; and proposed that we should all three meet at twelve, or sooner if he desired.

We were called at ten, on account of the pains growing stronger, and the anxiety of the woman and her friends ; but on examining, I found little alteration, only the os uteri felt a little softer. It was then agreed, that as her pulse was quick, she should lose eight ounces of blood from the arm ; that the nurse should administer a glyster, and after the operation give the patient a draught with 30 drops of the *Tinct. Thebaic.*

These medicines had the desired effect ; and Mr. W, delivered, or rather received the child presenting fair next morning.

Both these gentlemen have, since that time, attended several courses of my lectures, as well as all the public labours that happened during their attendance ; and have often acknowledged my friendly behaviour in this case,

by which they were prevented from exposing their ignorance.

CASE 528.—*Quarrel betwixt male Practitioners.*—In the year 1748, I received a message from a lady, to go to one who had been her servant, and was married to a tradesman.

On my arrival, I found another practitioner there, who seemed much surprised, and with a very surly countenance scolded the husband for bringing another without his knowledge.

His dress was as forbidding as his countenance, consisting of an old greasy matted wrapper or night-gown, a buff broad sword belt of the same complexion round his middle; napkins wrapped round his arms, and a woman's apron before him to keep his dress from being bedaubed. At the same time, to make him appear of consequence, he had on his head a large tie periwig.

As I did not know that another of the profession was there when I was called, I asked the gentleman's pardon, and told him the message I had received, and my ignorance of any others being there but a midwife. The husband excused himself in the best manner he could; and said it was the lady's goodness to save his wife. This apology seemed to pacify him a little; but turning from the husband, he began to abuse the lady's ignorance of his importance, and damned all midwives for ignorant b——s. He said that he was bespoke, and would not be concerned with any such gossips. I told him that I was sorry my coming should give him any uneasiness, or be the occasion of any in the family; but begged he would tell me how his patient was, that I might inform and satisfy the person who had desired me to call.

By this calm reasoning his surly aspect unbended. He told me he was just going to deliver his patient, and if I

pleased I was welcome to be present at the operation ; for he could wait no longer, as he had already lost one patient by waiting two days on this ; and now he was called to another. I thanked him for his invitation ; and excusing my presence, begged only he would grant my first request.

He then gave me to understand, that he had been called the night before the last ; that the woman had strong pains ; but as he was then uncertain how the child presented, and she had got little sleep for two nights before, he had ordered her repeated doses of opium, which had produced little or no effect ; but that last night she had been quite stupid and often convulsed ; and that nothing could save her life but present delivery.

He also told me it was her first child ; that the membranes were not broken, but the mouth of the womb was pretty largely open ; and desired me to examine the patient : which having done, I found every circumstance according to his account, and also the head of the foetus resting above the ossa pubis ; a circumstance which he had not observed.

As he had occasion to withdraw, he begged my excuse a little ; and in his absence, the apothecary, who was in the next room, informed me that the patient had taken at different times about 15 grains of opium ; and this he persuaded himself was the occasion of the convulsions and stupidity.

I examined her pulse, and found it quick and full, while she lay in a profound sleep. The nurse told me, that she had no struggles for several hours, during which she had been very quiet. When the gentleman returned, I told him his account was very right, and that if he would now examine, he would find the head resting above the pubes. This he thought impossible, as he had examined so lately ; but on trying, he confessed it was even so.

I likewise told him her pulse was still strong, and the nurse had informed me she lay much quieter than she had



been. I imagined indeed that she had fallen into a sound sleep ; and advised him to have a little patience.

He now seemed more disposed to reason. I therefore observed to him, that as the woman's case was not barely a case in midwifery, considering the stupidity and convulsions, it would be proper, for the safety of all concerned, and in order to prevent reflections, that the husband should go to the lady, and beg of her to send her own physician to our assistance.

He assented to this proposal ; and the physician came accordingly. At his arrival, being desirous of information in every particular, and inquiring minutely about the quantity of opium which had been administered, the man-midwife and the apothecary disagreed in their accounts ; when this last went home to bring the bills, the other declared that he had been sent for, and was obliged to go to another patient, and therefore would leave the patient to my care.

I told him I was engaged also, and begged he would attend his patient. The physician told him also, that if the woman was kept quiet, she would sleep off her large dose of opium. This declaration enraged him so much, that he left the house muttering revenge against the apothecary.

After some conversation with the physician, we both concluded that the over-dose of opium was the occasion of the convulsions and stupidity, and that as the effect went off, her pains would come on.

We then sent for a midwife, who attended the case, and informed me afterwards that the woman was safely delivered that night of a dead child ; but she recovered very well.

#### NUMB. 2.—*Relating to Midwives.*

CASE 529.—*Quarrel betwixt a Male and Female Practitioner.*—When midwifery came to be more practised by

gentlemen than formerly, one Dr. C. laid himself out in that way, visited all the midwives, and left printed notes of his abode. He was called by a midwife at Lambeth; but the woman was delivered before he arrived: nevertheless, being over officious, he would examine everything, to see that all was safe; and called out that the woman was tore. He came every day and dressed the parts. He affirmed, and the midwife denied, complaining loudly of his unfair conduct, as she had called him. Unluckily for this novice in the art, the same accident, to a much greater degree, happened to himself a little after, in the very patient that Dr. Simpson called me to. *Vide Case No. 436.*

The midwife heard of this incident; on which she hunted him out, and attacked him everywhere, upbraiding him with being guilty in reality of what he had villainously and falsely laid to her charge.

CASE 530.—*Quarrel betwixt a Midwife and a noted Practitioner.*—A gentleman many years ago, made a great bustle, got into a considerable share of low and middling practice by taking low prices. He abused the midwives, right or wrong, wherever he was called, and was reciprocally abused by them. Frequently, instead of waiting in lingering cases, where the head presented right, he turned the child, and brought it by the feet; by which method both mother and child were often lost.

Nevertheless he gained some credit by exaggerating and making the cases appear desperate to those concerned. These practices availed him for the present, and frightened many midwives from calling in men-practitioners. To my certain knowledge he was thus the occasion of many bad cases, the women refusing assistance when he was proposed. This the midwives have acknowledged to me in private, when I expostulated with them for not calling me sooner. Such behaviour in the end sunk his business.

Several of his better sort of patients were, from time to time, delivered by other gentlemen, who acted on better principles ; and finding themselves and their children saved, never had recourse to him in the sequel.

CASE 531.—*A Quarrel betwixt two Midwives adjusted.*— I was one night called very late to a woman of my acquaintance in the neighbourhood. I was not a little surprised when I came into the room, to hear two women scolding one another in a ferocious manner, and ready to come to blows. As they did not know of my being sent for, my appearance surprised and silenced them for the present. I soon found they were two midwives of my acquaintance. I said nothing, but spoke to the patient who was in bed. The midwife that was sitting at the bedside desired me to take a pain, saying, she would yield her seat to me, but to no midwife in London. When I examined, I found the child presenting right, the os uteri soft and pretty much dilated, and the membranes entire. I then desired the two midwives to go into the next room, where I heard both their complaints. One had been bespoke, but was engaged when sent for ; on which the other was called. I again went to the patient, told her she was in a very good way, and asked which of them she chose for her midwife? She said the one who was bespoke ; for she was afraid of the other. I made them acquainted with this decision ; and advised her that came first to yield, because if any accident should happen she would be blamed ; and I told her she should be paid for her trouble. Thus ended the contest, and both were pleased. (*Vide* also Cases 315, 330, 359, 364 and 369.

# GENERAL INDEX.

NOTE.—The Roman figures indicate the volume; the names of authors are printed in capitals; annotations are in italics; and cases are distinguished by the prefix "No."

## A.

Abnormal presentations, i, 333.  
 Abortion, i, 121, 165; ii, Nos. 77 *et seq.*  
     ,, *artificial*, i, 141  
     ,, with retroversion, ii, Nos. 50, 88, page 135 (*note*)  
 Abscesses after delivery, i, 410  
 Absence of waters, ii, Nos. 108, 109  
*Accoucheur*, title of, when first used, i, 63  
     ,, qualifications of, i, 430  
 Adhesion, morbid, of placenta, ii, Nos. 210 *et seq.*  
 AETIUS on 'Midwifery,' i, 30  
 After-pains, i, 398; iii, Nos. 477 *et seq.*  
     ,, *treatment of*, i, 399  
 After-coming head, extraction of, i, 345  
 ALBUCASIS on 'Midwifery,' i, 50  
     ,, on 'Craniotomy,' i, 293  
     ,, on the 'Impillens,' i, 344  
*Albuminuria in pregnancy*, i, 153  
 ALSABARAVIUS i, 50  
 ALEXITER WATERS, ii, 171  
 ALLAN on locked twin heads, i, 359  
 Allantois, i, 133  
 Almsdachs of Albucasis, i, 51  
 ALPASIA, i, 30  
 AMAND on midwifery, i, 72  
     ,, case of *bifetal presentation*, i, 359  
 Amenorrhœa, i, 107; ii, Nos. 10 *et seq.*  
 Amnion, i, 132  
     ,, *dropsy of*, i, 355  
 Amnii, liquor, i, 133  
 Anasarca in pregnancy, i, 151; ii, Nos. 53, 54, 69  
*Annular laceration of os uteri*, i, 221  
 Anterior lip of os pushed down by fœtal head, i, 219  
*Antiseptic injections in childbed*, i, 405

Anus, imperforation of, i, 421; iii, Nos. 506, 507, 508  
 Aphthæ, i, 427; iii, Nos. 524 *et seq.*  
 Approximation of ischia, ii, No. 252  
*Aqua alexiteria*, ii, 171  
     ,, *mirabilis*, ii, 38  
 ARISTOTLE on midwifery, i, 36  
 Arm presentation, i, 337; iii, Nos. 321 *et seq.*  
     ,, *posterior displacement of*, i, 310  
     ,, *extraction of, in head-last deliveries*, i, 307  
     ,, fracture of, in delivery, i, 418; iii, No. 339  
     ,, and funis presentation, ii, No. 204  
     ,, breech presentation, iii, No. 319  
 Arms, both, presenting with head, iii, Nos. 369, 385  
 ARNETH, Dr., on *effect of artificial respiration*, i, 227  
 Articulations, relaxation of pelvic, i, 80  
     ,, *pelvic injury of, in labour*, i, 81  
     ,, separation of sacro-iliac, ii, No. 1  
     ,, separation of pubic, ii, No. 2  
*Artificial induction of abortion*, i, 141  
     ,, *feeding of infants*, i, 436  
     ,, *respiration in stillborn children*, i, 227  
     ,, rupture of membranes (see Membranes)  
 Ascites in pregnancy, i, 157; ii, No. 68  
 ASTRUC, i, 63  
*Asphyxia of neonatus*, i, 227  
 Atmospheric influence, ii, 228, 229 (*note*)  
*Atony of bladder after labour*, i, 160  
     ,, *of uterus post partum*, i, 394  
 ATTHILL, Dr., on *intra-uterine injections of hot water*, iii, 229



- ATTHILL, Dr.**, *on prevention of flooding*,  
     i, 388, 392  
**Attitude of fœtus in utero**, i, 179, 180  
     (*note*), 183 (*note*)  
**Auscultation of fetal heart**, i, 191  
     " *in diagnosis of twins*, i, 355  
     " *of placental murmur*, i, 292  
**Auscultatory evidence of death of fœtus**, i,  
     291  
     " *of rupture of uterus*, i, 375  
**Auto-transfusion**, iii, 227  
**AVELING, Dr.**, *on the Chamberlens*, i, 66  
**Average duration of pregnancy**, i, 123  
**AVICENNA** on midwifery, &c., i, 49  
     " described fillet and forceps, i,  
     78  
**Axes of pelvis**, i, 82  
     B.  
*Back, presentation of*, i, 330, 334; iii,  
     No. 358  
*Ballottement*, i, 190  
*Bands in vagina*, i, 371  
**BARKER, Dr. FORDYCE**, *on after-pains*, i,  
     400  
**BARNES, Dr. R.**, *on use of forceps*, i, 260,  
     261, 267  
     " " *on crotchet*, i, 301  
     " " *on removal of detached*  
     *head*, i, 354  
     " " *on injections of iron*, i,  
     396  
     " " *on difficult breech cases*,  
     i, 316  
     " " *on posterior displacement*  
     *of arm*, i, 310  
     " " *on cause of Gooch's*  
     *hæmorrhage*, i, 395  
**BASSETT** *on prevention of post-partum*  
     *hæmorrhage*, i, 393  
*Bath, warm, in rigid os uteri*, i, 220  
**BAUDELLOCQUE** *on Smellie's use of forceps*,  
     i, 20  
     " *on use of warmth in flooding*,  
     iii, 230  
**Bed, confinement to, after delivery**, i,  
     381  
     " *for delivery*, i, 200  
**BEDFORD** *on delivery of face to pubes*  
     *cases*, i, 275  
     " *on use of forceps*, i, 275  
**Belly, presentation of**, i, 333; iii, No. 359  
     " *not an original presentation*, i, 334  
**BIBBY, Mr. S. H.**, i, 59.  
**Binder after delivery**, i, 201, 239, 368,  
     369  
**Bladder, calculus of**, i, 154  
     " " *obstructing delivery*,  
     ii, No. 60  
     " *fistula of, after delivery*, i, 371;  
     iii, Nos. 438, 439  
**Bleeding for rigid os uteri**, i, 220  
     " *in eclampsia*, iii, 226  
**Blunt-hook for extracting shoulders**, i,  
     225  
     " *in breech cases*, i, 317  
**BOER** *on face cases*, i, 280  
**BONACIOLUS**, of Ferrara, i, 56  
**Bones, fœtal, voided per anum et vaginam**,  
     ii, No. 76  
**BONNAR, Dr.**, *on super fœtation*, i, 120  
**Bottle-feeding of infants**, i, 437  
*Brandy in post-partum hæmorrhage*, i, 395  
**Breech presentation**, i, 305; iii, Nos. 304  
     *et seq.*; also Nos.  
     406, 407, 415  
     " " *in narrow pelvis*, i,  
     316  
*Bregmato-cotyloid position of head*, i, 218  
**Brim of pelvis**, i, 81  
**BUNTING, Dr.**, *on locked twin heads*, i,  
     359  
**BURNS', Dr.**, *cases of induced abortion*, i,  
     137  
**BURTON, Dr. John**, i, 10  
     " " *on removing placenta*,  
     i, 238  
     " " *on leather covering of*  
     *forceps*, i, 259  
     " " *his improvement of*  
     *terebra occulta*, i,  
     293  
**BUTTER, Mr.**, *his midwifery forceps*, i, 4;  
     ii, 250  
     " *trial of his forceps*, ii, No.  
     281  
     C.  
**CADOGAN, Dr. Wm.**, *on infant manage-*  
     *ment*, i, 436  
     " " *his essay upon nurs-*  
     *ing, &c.*, i, 438  
**Cæsarian operation**, i, 362  
     " " *cases of*, iii, Nos.  
     430 *et seq.*  
     " " *mortality after*, i,  
     366  
     " " *Dionis on*, i, 69  
     " " *Ould on*, i, 75  
*Calculating the time of labour*, i, 123  
**Calculus of kidney or bladder**, i, 154

- Calculus of kidney in pregnancy, ii, No. 59  
 „ vesical, discharged in labour, ii, No. 60
- Callosities in the vagina, i, 370
- CAMPER, Professor, i, 23
- Caroline mineral waters*, ii, 144
- Catheterism*, i, 160, 382; iii, 262  
 „ in post partum hæmorrhage, i, 394
- Caudle, brown and white, i, 378
- Caul, the, i, 210; ii, 165
- CELSUS on midwifery, i, 37  
 „ his management of third stage, i, 238
- Cephalæmatomata, i, 424; iii, Nos. 493 *et seq.*
- Cephalic version, i, 341; ii, Nos. 138, 139
- Cephalotribe, i, 302
- Cervix uteri, condition of, in pregnancy, i, 185, 187 (*note*)
- Chamberlen, Dr., i, 64  
 „ Dr. Hugh, i, 64, 65  
 „ Dr. Peter, inventor of *forceps*, i, 66  
 „ Dr. Paul, i, 66
- Chair or stool for delivery, i, 200, 203
- CHAPMAN, Dr., i, 73, 205, 251
- Chest presenting*, i, 330
- Child, management of, at birth, i, 226  
 „ washing and dressing of, i, 417
- Chin presenting, iii, No. 377
- Chloroform in rigidity of os*, i, 221  
 „ predisposes to flooding, i, 388  
 „ when useful in natural labours, iii, 268
- Chloral hydrate after delivery*, i, 380  
 „ „ in rigid os uteri, i, 221
- Cholera during pregnancy*, ii, 226  
 „ inducing labour, ii, Nos. 163, 164
- Chorion, i, 110, 112
- CHURCHILL, Dr., on length of first stage of labour, i, 214  
 „ „ on frequency of forceps operation, i, 269  
 „ „ case of vomiting in pregnancy, i, 145  
 „ „ on mortality after craniotomy, i, 302  
 „ „ on obstetric morality, i, 292
- Cicatricial bands in vagina*, ii, 268, No. 196
- Circumvolutions of funis, i, 163, 223; ii, Nos. 172 *et seq.* and No. 237
- CLARKE, Dr. Jos., on management of delivery, i, 236
- Classification of labours, i, 195, 198
- Clavicle, fracture of, in delivery*, ii, 299
- CLEMENT, JULES, the first accoucheur, i, 63, 68
- CLEOPATRA on midwifery, i, 29
- Clitoris, i, 97
- Clot, theory of, after-pains*, i, 401
- CLOUGH, Dr., on locked twin heads, i, 359
- Coccyx, i, 81  
 „ ossification of, ii, No. 3
- Coition, phenomena during, i, 110
- Colatura lactea, i, 107
- Cold, use of, in flooding*, i, 395
- COLLINS, Dr. ROBERT, on introducing hand after delivery, i, 396  
 „ „ on convulsions ii, 352
- Complex presentation*, i, 333  
 „ „ cases of, iii, Nos. 346, 347, 348
- Compression of belly in pregnancy, i, 153  
 „ of uterus after delivery, i, 394
- Conception, i, 108  
 „ signs of, i, 188; ii, Nos. 91 *et seq.*  
 „ false, i, 125
- Confectio Fracastorii*, ii, 86
- Congenital marks and mutilations, i, 423; ii, Nos. 89 *et seq.*
- Constipation in pregnancy, i, 149, ii, No. 52  
 „ in childbed, iii, No. 468
- Contracted pelvis, i, 86  
 „ „ turning in cases of, i, 249  
 „ „ version in, i, 243  
 „ „ craniotomy in, i, 297
- Contraction of uterus before shoulders, ii, Nos. 179, 280  
 „ „ round neck of child, i, 223  
 „ „ round head when last born, i, 311
- Contusions of child at birth, i, 423
- Convalescence, management of, i, 378
- Convulsions, puerperal, ii, 226 (*note*), 351 (*note*), Nos. 165, 166, 167, 233, 234, 264; iii, Nos. 342, 343, 344, 345, 366, 373  
 „ in new-born child, iii, Nos. 513 *et seq.*
- COOPER, Sir A., on perineal hernia, i, 157
- COPEMAN, Dr., on treatment of sickness in pregnancy, i, 137

- Cord. See funis  
 Couch for delivery, i, 200  
 Coughs during pregnancy, i, 177  
 Cow-dung poultice, iii, 245  
 Craniotomy, operations of, i, 293  
   " *prognosis of*, i, 301  
   " *when morally justifiable*, i, 292  
   " cases, ii, Nos. 275 *et seq.*  
   " " after preternatural labour, iii, Nos. 380 *et seq.*  
 CREDÉ *on removing placenta*, i, 237  
 Crotchet, use and description of, i, 292, 298  
   " the double, of Mesnard and Smellie, i, 294  
   " Smellie's sheath for, i, 299  
   " *rules for safely using*, i, 300  
 Crural hernia in pregnancy or labour, i, 156; ii, Nos. 62, 63, 64  
 CULPEPPER, Nicholas, *on midwifery*, i, 67  
 Curve, pelvic, of forceps, i, 258  
   " " " *history of*, i, 21, 259
- D
- DEASE, Mr., *on removal of placenta*, i, 237  
 Death of fœtus in utero, causes of, i, 163  
   " " *cause of, in pelvic presentations*, i, 311  
   " " *prevention of*, i, 164  
   " " *signs of*, i, 288  
   " sudden, after delivery, ii, 202  
 Decapitation in transverse presentations, i, 338  
 Deformities of pelvis, i, 86, 87  
 DE GRAAF on conception, i, 109  
 DELEURYE *on face cases*, i, 280  
 DENMAN, *classification of labours*, i, 199  
   " *on the binder*, i, 239, 369  
   " *on first stage of labour*, i, 214  
   " *on the stages of labour*, i, 207  
   " *on spontaneous evolution*, i, 339  
   " *on prevention of flooding*, i, 390, 393  
 Detruncation in cross births, i, 338  
 DEVENTER *on midwifery*, i, 69  
   " *on cause of preternatural labours*, i, 304  
   " *his method of extracting head*, i, 308, 318  
   " *criticisms of Ould on his practice*, i, 75  
 DEWEES *on prevention of flooding*, i, 391  
 Diagnosis of twins and hydrops amnii, i, 355  
 Diagnosis between rupture of uterus and of vagina, i, 377  
 Diagonal application of forceps, ii, 325  
   " " " instances of, ii, Nos. 229, 247, 252, 254, 266, 268, 269  
 Diameters of pelvis, i, 83  
 Diaphoresis after delivery, i, 384  
 Diarrhœa causing premature labour, ii, Nos. 101, 163, 164  
 Diet after delivery, i, 379  
 Difficult labours, i, 240  
 DIONIS *on midwifery*, i, 69  
 Dislocation of humerus in delivery, iii, No. 497  
 Distortion of pelvis, i, 86  
 Dorsal position for delivery, i, 204  
 Double-curved forceps, inventor of, i, 21  
 Double crotchets of Mesnard and Smellie, i, 294  
 DOUGLAS, Dr. JAMES, i, 11, 17  
   " Dr. WILLIAM, i, 10  
   " Dr. ANDREW, i, 11  
   " " *on rupture of uterus*, i, 374  
   " Dr. JOHN C., *on hour-glass contraction*, i, 239  
   " " *on spontaneous evolution*, i, 339  
 Dover's powder in after-pains, iii, 275  
 Dressing and washing infant, i, 417  
 Dress of accoucheur, i, 325  
 Dribbling of the waters before labour, ii, 178, 179 (note)  
 DRINKWATER, Mr., of Brentford, i, 73  
 Dropsy during pregnancy, i, 153, 156  
 Dry nurses, i, 436  
 Dublin Lying-in Hospital, i, 14  
   " *Method of pressing off the placenta*, i, 237  
 DUNCAN, Dr. Matthews, *on use of forceps*, i, 267  
   " " *on relaxation of pelvic joints*, i, 80  
   " " *on superfœtation*, 121  
   " " *on duration of pregnancy*, i, 123  
   " " *on retention of ovum*, i, 169, 174  
   " " *on mode of expulsion of placenta*, i, 232

DUNCAN, Dr. Matthews, *on tensile strength of foetal neck*, i, 245  
 „ „ *on state of uterus after delivery*, i, 404

*Duration of pregnancy*, i, 123

DUSÉ, *the forceps of*, i, 4

„ *on compression of uterus for flooding*, i, 394

*Dusting powder for infants*, i, 426

*Dysmenorrhœa and after-pains*, i, 399

*Dysuria in pregnancy*, i, 147; ii, No. 49

„ *from retroversio uteri*, i, 147

# E.

Ears to be included in grasp of forceps, i, 264

Ear, presentation of, ii, 191, 192 (*note*); No. 133

EASTLAKE, Dr. C., *on delivery of placenta*, i, 237

Efflux, i, 121

Embryo, the, i, 114

Embryotomy, i, 294

Emphysema of dead foetus, 192, 127

„ *of hypogastrium in ruptured uterus*, i, 375

Encysted placenta, ii, Nos. 212, 215

*Endermic use of opium in after-pains*, i, 400

*Enlargement of uterus post-partum*, i, 402

*Ergot for retention of urine*, i, 160, 382

„ *in morbid retention of ovum*, i, 176

„ *in post-partum hæmorrhage*, i, 391, 395

„ *in twin cases*, i, 357

„ *hypodermic use of*, iii, 272

EROS on midwifery, i, 55

Eruptions on child after birth, iii, Nos. 516 *et seq.*

ESMARCH'S *bandage in floodings*, iii, 227

*Ether, hypodermic injection of*, i, 393

ETON, Dr., *on locked twin heads*, i, 359

Evacuations at end of the puerperal month, i, 416

Evisceration, i, 338; iii, Nos. 382, 383, 384, 386

*Evolution, spontaneous, of foetus*, i, 339

„ *difficult, after turning*, i, 327 328 (*note*)

*Excessive vomiting of pregnancy*, i, 136

Excoriations of child at birth, i, 424

External parts of generation, i, 97

„ *applications after delivery*, i, 367

Extirpation of nymphæ, ii, No. 5

Extraction of placenta, i, 233, 238

„ *of aftercoming head*, i, 345

„ *of detruncated head*, i, 348

Extra-uterine foetation, i, 43

# F.

Face presentation, i, 278, 279 (*note*); ii, Nos. 134, 135, 136, 137, 138, 141

„ „ *forceps in*, i, 278; ii, Nos. 271, 272, 273, 274

„ „ *crotchet in*, ii, Nos. 285, 286, 297

„ „ *version in*, iii, Nos. 324, 367, 368, 377, 388, 389, 443

„ *to pubes*, i, 274; ii, No. 261

Fallopian tubes, i, 104

False conception, i, 125; ii, Nos. 29, 30

„ *pains*, i, 193

Fancies of pregnant women, i, 177

*Fecundity of female twins*, i, 359

*Feeding, artificial, of infants*, i, 437

Feet, presentation of, i, 305; iii, Nos. 303 *et seq.*

Female testicles, i, 104

Femur broken in delivery, iii, Nos. 500, 501, 502

FERGUSON, Dr., *case of locked twin heads*, i, 359

*Fetor of the lochia*, i, 404

Fever during pregnancy, cases of, ii, Nos. 168, 169

Fillet or loop, i, 253

„ *in breech cases*, iii, No. 309

„ *cases where used*, ii, Nos. 125, 184, 220, 221, 222, 236, 243, 278, 281

*First stage of labour, remarks on*, i, 214

Fistulæ following labour, i, 371; iii, Nos. 437 *et seq.*

FLEURY, Dr., *first lecturer on midwifery in Dublin*, i, 13

Flooding. See Hæmorrhage

Fluor albus, i, 107; ii, Nos. 18, 19, 20, 21, 22

„ *in pregnancy*, i, 160

Foetus, attitude of, *in utero*, i, 179, 180 (*note*), 183 (*note*).

„ *causes of its death in utero*, i, 163; ii, 113

„ *prevention of its death*, i, 164

„ *signs of its death*, i, 288, 289 (*note*)



Fœtus, *when viable*, i, 120  
 „ *weight and length at birth*, i, 114  
 „ *putrefaction of, in utero*, i, 127, 192  
 Fontanelle, i, 91  
 „ *presentation*, i, 218 (*note*), 274; ii, No. 130  
 „ *position of, in pelvis*, i, 212  
 Food of patient after delivery, i, 379  
 „ *in lingering labour*, ii, 305  
 Footling presentation, i, 305  
 Forced delivery for flooding, i, 321  
 Forceps, invention of, i, 65, 250; ii, 250, 251  
 „ *rules for using*, i, 261  
 „ *in face cases*, i, 278; ii, Nos. 271 *et seq.*  
 „ *in face to pubes case*, i, 274  
 „ *with aftercoming head*, i, 347 (*note*); iii, Nos. 315, 347, 350, 352, p. 90 (*note*)  
 „ *in cases of detached head*, i, 350, 352, 354 (*note*)  
 „ *in occipito-posterior positions*, i, 274  
 „ *in a case of transverse narrowing of pelvis*, ii, No. 252  
 „ *cases of its use in laborious labours*, ii, Nos. 223 *et seq.* 3  
 „ *diagonal application of*, ii, 325 (*note*), Nos. 229, 247, 252, 254, 266, 268, 269  
 „ *position of blades on head*, i, 264  
 „ „ *of patient, when using*, i, 262  
 „ *use of, when os not fully open*, i, 269  
 „ *comparative frequency of its use*, i, 269  
 „ *merits of straight and curved*, i, 260  
 „ *with pelvic curve*, i, 21, 259  
 „ *early use of, prevents sloughing*, i, 370  
 Forehead to pubes, i, 274; ii, Nos. 124 *et seq.*  
 Fractures of child at birth, i, 418; iii, Nos. 339, 499 *et seq.*  
 Frænum linguæ, division of, i, 422, iii, Nos. 510 *et seq.*  
 FRANCISCUS ROUSSETUS, i, 56  
 FRIEND, Dr., cases from, ii, Nos. 16 *et seq.*  
 Fronto-cotyloid position of head, i, 218  
 Fuller's earth, i, 426  
 Fundus uteri, laceration of, iii, No. 442  
 Funis, i, 130

Funis, *knots on*, i, 163  
 „ *division of*, i, 228  
 „ *prolapse of*, i, 340  
 „ *circumvolution of*, i, 163, 223; ii, Nos. 172 *et seq.*  
 „ *objections to pulling*, i, 236  
 „ *delaying advance of head*, i, 223; ii, Nos. 174, 175, 197 *et seq.*, and p. 237 (*note*).  
 „ *broken in delivery*, ii, No. 208  
 „ *prolapsed with head*, ii, No. 293  
 „ *management of, after birth*, i, 418

## G

GALEN on midwifery, i, 30, 39  
 Gallic acid a preventive of flooding, i, 393  
 Gastrotomy after rupture of uterus, i, 376  
 Genu-cubital position for delivery, i, 204  
 „ „ *for ballottement*, i, 191  
 „ „ *for reposition of funis*, i, 341  
 Gestation, case of prolonged, ii, Nos. 27, 28  
 GIFFARD'S MIDWIFERY, i, 73  
 GOLDSON, Mr., *his case of ruptured vagina*, i, 374  
 Gonorrhœa in pregnancy, i, 161  
 Gooch's hæmorrhage, i, 387, 389  
 „ *on use of opium after delivery*, iii, 275  
 GOODELL on extraction of aftercoming head, i, 348  
 GREAM on brandy in flooding, i, 395  
 GREGOIRE, i, 4, 14; ii, 250, 251  
 Green stools of infants, iii, Nos. 520 *et seq.*  
 Guarding perineum, i, 207  
 GUENIOT, Mons., on vomiting of pregnancy, i, 137  
 GUILLEMEAU on midwifery, i, 60  
 Gum, red, of infants, i, 425

## H

Hæmorrhage before delivery, i, 121, 166, 321  
 „ *accidental*, ii, Nos. 84, 115, 154, 155, 225  
 „ *unavoidable*. See Placenta prævia  
 „ *after delivery*, i, 384; ii, No. 210; iii, Nos. 317, 354, 474 *et seq.*  
 „ „ *prevention of*, i, 386  
 „ *from retained ovum*, i, 176  
 „ *secondary*, i, 398; iii, No. 334

- Hæmorrhage, during labour, ii, Nos. 280, 282, 283, 298; iii, Nos. 311, 329, 330, 331, 332, 333, 354, 385, 387, 389, 394, 396, 397
- „ from divided frænum linguæ, iii, No. 511
- „ in latter months, i, 321; iii, No. 326 *et seq.*
- Hæmatocele of labium described by Rueff*, i, 60
- Hæmorrhoids in pregnancy, i, 150; ii, No. 52
- HAMILTON, Dr. A., *on supporting perineum*, i, 207
- Hand presentation, i, 333
- „ and foot presentation, i, 330
- „ to hand movement of forceps, i, 267
- „ *to be used in turning, &c.*, i, 238 337
- Handles, short, for forceps, i, 257
- „ wooden, for „ i, 258
- HARDY, Dr., *on ergot of rye*, i, 392
- HARMONIA GYNÆCORIUM, i, 29
- HARRIS, Dr., *on Cæsarian section*, i, 366
- „ *cases of reproductive precocity*, ii, 309
- HARVIE, Dr. John, *Smellie's heir*, i, 5; ii, No. 39; iii, Nos. 419, 421
- HARVEY on 'Incubation,' i, 109
- „ *on duration of pregnancy*, i, 124
- „ *on state of uterus after delivery*, i, 404
- Haunch presenting*, i, 313; iii, Nos. 349, 355, 356
- Head, measurements of, i, 90
- „ presentation, causes of, i, 180, 182 (note)
- „ separation and retention of, i, 352; iii, No. 405
- „ deformities of, at birth, ii, Nos. 205, 206
- „ largeness of, causing dystocia, ii, Nos. 242 *et seq.*
- „ and hand presentation, ii, Nos. 288, 290, 291, 294, 300
- Heart, *fœtal-pulsations of, in the sexes*, i, 192
- HEISTER on midwifery, i, 74
- Hemp saw for decapitating*, i, 339
- Hernia during pregnancy or labour, i, 155; ii, Nos. 62 *et seq.*
- „ perineal, i, 156; ii, Nos. 65, 66
- HEWITT, Dr. GRAILLY, *his flexion theory of vomiting of pregnancy*, i, 139
- HICKS, Dr. Braxton, *his bimanual method of turning*, i, 328
- „ „ *on transfusion*, i, 397
- HIERON MERCURIALIS, i, 56
- High forceps operation, i, 257, 260 (note)
- Hip, presentation of*, i, 313
- Hip bath for rigid os uteri*, i, 220
- Hips pulled away from body of child, iii, Nos. 388, 399, p. 156 (note)
- HIPPOCRATES on midwifery, i, 30
- „ on viability of fœtus, i, 122, 123 (note)
- HODY, Dr., editor of Giffard's cases, i, 74
- HODGE, Dr. Hugh, *on forceps*, i, 263, 265
- „ „ *on footling cases*, i, 311
- HOFFMAN on use of vaginal tampon, ii, 145
- Hook, the blunt, used in hip case, iii, No. 309
- Hospitals, lying-in, when first established*, i, 14
- Hot-water injections for hæmorrhage*, iii, 229
- Hour-glass contraction of uterus*, i, 239
- HULME, Dr., *on puerperal fever*, i, 407
- Humerus of child fractured at birth, iii, No. 499
- „ „ dislocated at birth, iii, No. 497
- HUNTER, Dr. W., i, 4, 17
- „ *on position of fœtus in utero*, i, 180, 183
- „ *on management of third stage*, i, 236
- „ *on prognosis of rupture of uterus*, i, 374
- „ assisting at a delivery, iii, No. 408
- Hydatids of the uterus, i, 129; ii, Nos. 33, 34
- Hydrocephalic fœtus, i, 297; ii, 253 (note); Nos. 107, 187, 188, 275, 276, 295; iii, No. 400
- Hymen, i, 98
- „ imperforate, i, 421, ii, Nos. 7, 8, 9
- „ persistent, after marriage, ii, No. 6
- „ *puncture of*, ii, 16
- Hypodermic injection of ether*, i, 397
- „ „ *of ergot*, iii, 272
- Hysteralgia after delivery*, i, 400

## I.

- Impellens, the, of Albucasis, i, 51, 344  
 Imperforate rectum, i, 421; iii, Nos. 506, 507, 508  
 „ urethra, i, 421; iii, No. 509  
 „ hymen, i, 421; ii, Nos. 7, 8, 9  
 Impostume in the breast, i, 412  
 Impressions, maternal, influence on fœtus, ii, 146, 147  
*Incising rigid perineum*, i, 208  
 „ *rigid os uteri*, i, 222; iii, No. 389  
*Induced abortion*, i, 141  
 INGLEBY, Dr., his case of retained ovum, i, 171  
*Injections to uterus after delivery*, i, 396  
 „ *antiseptic, in childbed*, i, 405  
 Inflammations, puerperal, iii, Nos. 444 *et seq.*  
 Inversion of uterus, i, 385, 398 (*note*); iii, Nos. 488, 489  
*Involution of uterus*, i, 402  
*Intestinal hernia in pregnancy*, i, 156  
*Iodine injections, post partum*, i, 396  
*Iron perchloride of, injections for flooding*, i, 396  
 „ „ *a preventive of hæmorrhage*, i, 393  
 Ischia, approximation of, ii, No. 252

## J.

- JOHNSON, Dr. C., i, 239  
 „ „ *on abortion*, i, 175  
 „ „ *case of locked twin heads*, i, 359  
 „ „ *on management of third stage*, i, 239  
 JOHNSON, Dr. Wallace, *on supporting perineum*, i, 207  
 „ „ *on position of a parturient*, i, 206  
 JOHNSTON, Dr. Geo., *case of fractured sacrum*, i, 89  
 „ „ *on use of forceps in partially dilated os*, i, 269  
 „ „ *on frequent use of forceps*, i, 270  
*Joint of forceps*, i, 259  
 „ *pubic*, i, 80  
 „ „ *separation of*, i, 80; ii, No. 2  
 „ *sacro-iliac, separation of*, ii, No. 1  
 JOLLY, Mons., *on gastrotomy after rupture of uterus*, i, 376

- JONES, Mr. W. H., *on mortality after craniotomy*, i, 366  
 Jumps (or stays), use of, in pregnancy, i, 153  
 JUNIOR, Mr., *case of locked twin heads*, ii, 359

## K.

- Katamenia, i, 105  
 KENNEDY, Dr. Ivory, *on use of tartar emetic for rigid os*, i, 220  
 „ „ *case of detachment of os in labour*, i, 221  
 KIDD, Dr. George, *on delivery of face-to-pubes cases*, i, 275  
 „ „ *on mortality after forceps deliveries*, i, 270  
 „ „ *on decapitation in cross births*, i, 339  
 „ „ *on extraction of detached head*, i, 354  
 Kidney calculus of, i, 154; ii, Nos. 59, 61  
 King's hood, the, i, 210  
 Knee presentation, i, 305  
 „ *may be seized in turning*, i, 337  
*Kneeling posture for delivery*, i, 204  
 Knots on funis, i, 163; ii, Nos. 176, 177, 178

## L

- LABATT, Dr., *on pulse after delivery*, i, 387  
 Labia, enormous swelling of, in labour, ii, No. 194  
*Labium, hæmatocele of*, i, 60  
 Labours, classification of, i, 195, 198 (*note*)  
 „ *spurious*, i, 193  
 „ *natural*, i, 199; ii, No. 100 *et seq.*  
 „ *difficult or laborious*, i, 240; ii, No. 113 *et seq.*  
 „ *preternatural*, i, 303; iii, No. 303 *et seq.*  
 Lack, see Fillet  
 Laceration of perineum, i, 372; iii, Nos. 435 *et seq.*  
 „ *of the uterus*, i, 374 (*and note*); iii, Nos. 442, 443  
 „ *of vagina*, i, 375 (*note*); iii, No. 441  
 „ *annular, of os uteri*, i, 221  
 LA MOTTE *on midwifery*, i, 71  
 „ *on complex presentation*, i, 333  
 „ *cases of uterine hydatids*, ii, 71

- LA MOTTE *on perforation of placenta*, iii, 62
- LAMZWEERDE *on moles*, i, 126
- Lanark, its connexion with Smellie, i, 1, 2, 3, 5, 6
- LANGLEY, Dr., *on use of tartar emetic in rigid os*, i, 220
- Lateral position for delivery, i, 200, 205 (note)
- Lecturers, the early, on 'Midwifery,' i, 12
- LEE, Dr. Robert, *on prevention of flooding*, i, 390
- LEEUWENHOEK *on the spermatozoa*, i, 110
- Left hand for extracting placenta*, i, 238
- for performing version*, i, 337
- Leg, *which to be seized in turning*, i, 337
- presentations of*, iii, Nos. 303 *et seq.*
- of each twin presenting together*, i, 359
- Legs flexed forward at birth*, iii, 100
- LEISHMAN *on diagonal position of head*, i, 95
- on use of straight and curved forceps*, i, 261
- Length of fetus at birth*, i, 114
- LESSER, Dr., *on auto-transfusion*, iii, 227
- LEVER, Dr., *on rigid os uteri*, i, 221
- Leverage movement of forceps*, i, 267
- LEVRET'S claim to inventing double curved forceps, 21, 259 (note)
- tire-tête*, i, 352
- on flooding*, i, 388, 390
- Library, Smellie's, at Lanark, i, 6
- Ligature, a single, for tying funis, i, 228
- round limbs in flooding*, i, 385, iii, 228 (note)
- LINACRE, founder of London Coll. Phys., i, 51
- Liquor amnii, i, 133
- Liver, an enlarged, mistaken for pregnancy, ii, No. 94
- Lock of forceps*, i, 259
- LOCOCK, Sir Charles, *on prevention of after-pains*, i, 400
- Lochia, i, 401
- obstructed*, iii, Nos. 479 *et seq.*
- Locked twin heads*, i, 358
- "London method," the, of placing women for delivery, i, 200, 206 (note)
- Longings of pregnant women, i, 177; ii, No. 48
- Long forceps, i, 258, 259 (note)
- compared with short*, i, 260
- for aftercoming head*, iii, Nos. 347, 352
- Loop, the whalebone*, i, 255
- LUDOVICUS BONACIOLUS, i, 56
- LUDOVICUS MERCATUS, i, 57
- Lues venerea during pregnancy, i, 161; ii, No. 70
- Lycopodium for abrasions of infants*, i, 426
- Lying-in hospitals, when first established*, i, 14
- M
- MACAN, Dr., *on hypodermic injection of ether*, i, 397
- MACAULAY, Dr. George, ii, 14
- Maceration of dead embryo*, i, 127
- MCBRIDE, Dr. David, i, 15
- on bloody tumour of labium*, i, 60
- MCDONNELL, Dr. R., *case of transfusion*, iii, 229
- MALPIGHIUS *on incubation*, i, 109
- Mammary distension and inflammation, i, 412
- Man-midwifery*, i, 63
- MANNINGHAM, Sir Richard, i, 12
- Manual dilatation of os uteri*, ii, 204
- Marks and mutilations at birth, ii, Nos. 89, 90; iii, Nos. 493 *et seq.*
- MARTIN, Mons., *on intra-uterine decomposition*, i, 127
- MARTINUS AKAKIA, i, 56
- Masculine pelvis, the*, i, 88
- MAURICEAU, Francis, *on midwifery*, i, 63
- on hæmorrhage*, ii, 213
- MAUBRAY, Dr. John, i, 12
- Meatus urinarius, i, 97
- Measurements of pelvis, i, 83
- of fetus at birth*, i, 114
- Mechanism of parturition, i, 90
- Meconium, discharge of, in labour*, i, 289
- MEIGS, Dr. Charles, *on forceps in breech cases*, i, 348
- Membranes of ovum, i, 129
- artificial rupture of*, i, 166, 214 (note), 321, 324
- in twin cases*, i, 357
- in prevention of flooding*, i, 390
- early ruptured in labour*, ii, Nos. 119 *et seq.*; p. 179 (note.)
- Menorrhagia, ii, Nos. 14 *et seq.*
- Menses, retention of, ii, Nos. 7, 8, 9, p. 16 (note)
- Menstruation, i, 105
- during pregnancy*, ii, Nos. 91, 92



- Mental anxiety causing tedious labour, ii, Nos. 230, 231, 232  
 MERCATUS LUDOVICUS, i, 57  
 MESNARD, i, 75  
 „ his double crotchet, i, 294, 347  
 Midwife, of the, i, 431  
 „ and a doctor, quarrel between, iii, Nos. 529, 530  
 Midwives, a quarrel between, adjusted, iii, No. 531  
 Miliary eruptions after delivery, i, 413  
 Milk fever, i, 405; iii, Nos. 482 *et seq.*  
 Mind of patient to be kept quiet after delivery, i, 383, 384 (*note*)  
 Miscarriages, i, 162. *Vide also* Abortion  
 Misdach, the, of Albucasis, i, 51  
 Moles, i, 125; ii, Nos. 31, 32  
 Mons veneris, i, 97  
 Monstrous births, i, 360, 361 (*note*); iii, Nos. 421 *et seq.*  
 „ „ causing difficulty in delivery, i, 361  
 MONTGOMERY, Professor, on diagnosis of abortion, i, 174  
 „ on rectification of foetal head, ii, 186  
 Monthly nurses, i, 433  
 Morality, obstetric, i, 292  
 Morbid retention of ovum, i, 169; ii, No. 87  
 Mortality after craniotomy, i, 301  
 „ after Cæsarian section, i, 366  
 „ after forceps deliveries, i, 270  
 „ after delivery, in seduced females, i, 384  
 Mortification of vagina after delivery, i, 370  
 MOSCHION on 'Midwifery,' i, 38  
 MOSS, Dr., founder of Dublin Lying-in Hospital, i, 14  
 Mould-shot head of foetus, i, 423; iii, Nos. 513 *et seq.*  
 Muguet, i, 427  
 Multiple pregnancy, i, 116, 358 (see also Twins)  
 MURPHY, Dr., on masculine pelvis, i, 88  
 „ on gastrotomy after rupture of uterus, i, 376
- N.
- NÆGELE on pelvic deformity, i, 87, 88  
 Natural labour, i, 199; ii, No. 100 *et seq.*  
 Nausea in pregnancy, i, 135  
 Neck of foetus, tensile strength of, i, 245  
 Net of Amand for removing detached head, i, 72, 353  
 Nihill, Mrs., the midwife, i, 10  
 Non-presentation of foetus, i, 333; iii, No. 325, p. 42 (*note*)  
 Non-naturals, abuse of, in childbed, i, 378; iii, Nos. 452 *et seq.*  
 Noose, use of, in version cases, i, 327, 331; iii, Nos. 363, 366, 379  
 Nourishment during labour, ii, 305; No. 149  
 Nurses in general, i, 433  
 „ monthly, i, 433  
 „ dry, i, 436  
 „ wet, i, 434  
 Nymphæ, i, 97  
 „ enlargement of, ii, Nos. 4, 5
- O.
- Oblique diameters of pelvis, i, 85  
 Obliquely ovate pelvis, i, 88  
 Obliquity of uterus in labour, i, 75 (*note*), 304  
 Obstetric morality, i, 292  
 Obstruction of the katamenia, ii, Nos. 10 *et seq.*  
 Occipito-posterior position, forceps in, i, 274  
 „ „ rectification of, i, 217  
 Occlusion of os uteri in labour, ii, No. 302, p. 408 (*note*)  
 Odd presentations, i, 333  
 Edema of pregnancy, i, 153, 158; ii, Nos. 53, 54  
 ONSLOW, Dr., his memoir of Smellie, i, 2  
 Opium, use of, in false pains, i, 193  
 „ „ in after pains, i, 399  
 „ „ in hæmorrhage, i, 386; iii, 272 (*note*)  
 „ occasional effect of, in irregular pains, i, 195  
 ORIBASIOS on midwifery, i, 39  
 Oscillatory movement of forceps, i, 267  
 Os externum and os internum, i, 99  
 „ tincæ, i, 99  
 Os uteri, condition of, in pregnancy, i, 185, 187 (*note*)  
 „ contraction of, round foetal neck, i, 223, 310, 311 (*note*)  
 „ dilatation of, for vomiting of pregnancy, i, 137  
 „ incision of, when rigid, i, 222; iii, Nos. 389, 396  
 „ laceration of, iii, Nos. 327, 334, 389, 396

- Os uteri, *manual dilatation of*, ii, 204  
 „ rigidity of, in labour, i, 218 ;  
 ii, Nos. 142 *et seq.*  
 „ *detachment of, in labour*, i, 221  
 Ossification of os coceygis, ii, No. 3  
 OULD, Sir Fielding, *on midwifery*, i, 74  
 „ *on management of*  
*third stage*, i, 238  
 „ *on Cæsarian section*,  
 i, 75, 365  
 „ *on difficult breech*  
*cases*, i, 316  
 „ *on Deventer's prac-*  
*tice*, i, 75  
 „ his *terebra occulta*,  
 i, 75 (*note*), 293  
 „ his method of ex-  
 tracting head with  
 fingers, ii, 236  
 Outlet of pelvis, i, 82  
 Outside limit of *utero-gestation*, i, 125  
 Ovaria, i, 104  
 „ disease of, ii, Nos. 39, 42  
 Ovarian tumour obstructing labour, ii,  
 No. 67 ; p. 106 (*note*)  
 Ovum, i, 112  
 „ *retention of the dead*, i, 169  
 „ *blighted, how long it may be re-*  
*tained*, i, 171
- P.
- Pains, spurious and true, i, 193  
 PAISLEY, Mr., his remarkable case of  
 difficult labour, iii, No. 393  
 PARÉ, Ambrose, i, 57  
 Parturition, mechanism of, i, 90  
 „ *how to calculate time of*, i,  
 123  
 Passions of mind affecting labour, iii, 267  
 (*note*) ; Nos. 472 *et seq.*  
 PAULUS ÆGINETA, i, 48  
 Pelvic curve of forceps, i, 21, 258, 259  
 (*note*)  
 „ narrowing with head presentation,  
 ii, Nos. 189, 248, 250,  
 251, 252, 253, 266,  
 268, 269, 277, 282,  
 283, 284, 287 ; iii,  
 Nos. 371, 372, 378,  
 391, 403  
 „ „ with breech presenta-  
 tion, iii, Nos. 312,  
 313, 315, 381 ; p. 140  
 (*note*)  
 „ „ with leg presenting, iii,  
 Nos. 392, 404  
 Pelvic narrowing with arm presenting, iii,  
 Nos. 352, 363, 365,  
 379, 394, 397  
 Pelvic narrowing, requiring Cæsarian sec-  
 tion, iii, No. 434  
 Pelvis, i, 79  
 „ measurements of, i, 83  
 „ distortions of, i, 86, 87 (*note*) ;  
 ii, 9  
 „ separation of joints of, i, 80, 276  
 (*note*)  
 Perce-crane of Mesnard, i, 76 (*note*)  
 Perforating scissors, i, 295  
 Perforation of placenta by the hand, iii,  
 Nos. 333, 339  
 „ „ practised by La  
 Motte, iii, 62  
 (*note*)  
 Perforators, i, 297 (*note*)  
 Perineal hernia in pregnancy and labour,  
 i, 156 ; ii, Nos. 65, 66  
 Perineum, i, 97  
 „ *mode of supporting*, i, 207  
 „ *incision of*, i, 208  
 „ laceration of, i, 208 (*note*), 372 ;  
 ii, Nos. 147, 251, 284  
 „ suture of, when lacerated, i,  
 208 (*note*), 373  
 Perspiration in childbed, i, 383  
 Pessaries, i, 415  
 PEU, Philip, *on midwifery*, i, 68 (*note*)  
 Phantoms of Gregoire and Smellie, i, 4,  
 14  
 PHILUMENUS, i, 44, 47  
*Pilulæ Matthæi*, ii, 6  
 „ *ex duobus*, ii, 39  
 Placenta, i, 129  
 „ accidental separation of, i, 165  
 „ different modes of delivering, i,  
 235 ; ii, 287  
 „ *Dublin method of removing*, i,  
 237  
 „ expulsion of, after delivery, i,  
 230  
 „ „ of before the fœtus,  
 ii, Nos. 158, 159,  
 161  
 „ manual extraction of, i, 233,  
 238 (*note*) ; ii, Nos. 210 *et seq.*  
 „ management of, in twin cases,  
 i, 358  
 „ prævia i, 167 ; ii, Nos. 156 *et*  
*seq.* ; iii, Nos. 333, 335, 339,  
 341, 430, 431, 432  
 „ retention of, i, 129, 233 ; ii, Nos.  
 210 *et seq.*

- Placenta, *separation of, in head—last deliveries*, i, 311
- PLATO, i, 36
- PLAYFAIR, Dr., *on monstrous births*, i, 361
- "    "    *on Caesarian section*, i, 365
- Plugging vagina for hæmorrhage, i, 168  
(note), 395 (note); ii, No. 79, p. 125 (note)
- Plural births, i, 354; iii, Nos. 411 *et seq.*
- Polypoid tumours of uterus, i, 128; ii, Nos. 36 *et seq.*
- "    of os externum, ii, No. 35
- "    causing difficult labour, ii, No. 196; and p. 266 (note)
- PORTAL, Paul, i, 68 (note)
- "    *on face presentation*, i, 279
- Portrait, Smellie's, of himself, i, 7
- Position of fœtus to be known before turning, i, 334
- "    of head how known, i, 262
- "    "    importance of knowing before using forceps, i, 262, 263 (note)
- "    of women in labour, i, 199, 203 (note)
- Post-partum hæmorrhage, i, 384; ii, No. 210; iii, Nos. 317, 354, 474 *et seq.*
- "    *enlargement of uterus*, i, 402
- PRATT, Dr., *on infant feeding*, i, 438
- Pregnancy, duration of, i, 122, 123 (note)
- "    diseases of, i, 135
- "    signs of, i, 188, 190 (note)
- Premature labour, ii, Nos. 96 *et seq.*; iii, Nos. 19, 21
- "    escape of the waters, ii, 177, 179 (note)
- Premonitory symptoms of flooding*, i, 387
- Pressure on uterus*, i, 394
- Preternatural labours, i, 303; iii, Nos. 303 *et seq.*
- Prevention of laceration in forceps operation*, ii, 349
- Preventive treatment of flooding*, i, 386
- "    "    *of intra-uterine death*, i, 164
- Procidentia uteri after delivery, i, 413; ii, No. 112, p. 169 (note)
- Prolapse of vagina or rectum, i, 414; iii, Nos. 486 *et seq.*
- Prone posture for delivery*, i, 203
- Psychological causes of inertia uteri*, i, 388
- Pubes, i, 79
- Pudental hæmatocoele*, i, 60
- Puerperal fever, origin of name*, i, 406
- PUGH, Benjamin, i, 21
- "    "    *his invention of pelvic curve of forceps*, i, 21, 259
- "    "    *his opinion of fillet*, i, 255
- "    "    *on prolapse of funis*, i, 341
- "    "    *on delivery of after-coming head*, i, 348
- "    "    *on choice of hand in turning, and in extracting placenta*, i, 238
- Pulling funis*, i, 236
- Pulse of male and female fœtuses*, i, 192
- Purgatives after delivery, i, 382
- Putrefaction of fœtus*, i, 127, 192
- PUZOS *on rupturing membranes*, ii, 213
- Q
- Qualifications of the accoucheur, i, 430
- Quarrel between doctors and midwives, i, 432; iii, Nos. 529, 530
- "    "    midwives adjusted, iii, No. 531
- Quietude of mind after delivery, i, 380 (note), 383, 384 (note).
- "    "    *during labour*, iii, Nos. 472 *et seq.*
- "    "    *great importance of*, iii, 268
- Quinine, use of, in after-pains*, i, 400
- R
- RADFORD, Dr., *on mortality from Caesarian section*, i, 366
- "    *on half-breech delivery in turning*, i, 337
- RAMSBOTHAM, Dr. F. H., *case of bifetal presentation*, i, 359
- "    *on perforation of placenta*, iii, 62
- Random employment of forceps deprecated, i, 250, 344, 345 (note); ii, No. 250
- "    *performance of turning*, i, 334
- Rapid circulation causing flooding*, i, 389
- Rate of pulse in male and female fœtuses*, i, 192
- RAYNALDE, Dr. Thomas, i, 52, 53 (note)
- "    *his treatise on midwifery*, i, 53

*Rectification of head*, i, 217, 274  
 „ „ with fingers, ii, Nos. 124, 125, 126  
 „ „ with forceps, ii, Nos. 258, 260  
*Rectum*, distension of, from fæces, i, 148, 149 (*note*)  
 „ prolapse of, i, 414; iii, Nos. 491, 492  
*Recumbent position after delivery*, importance of, i, 381  
*Recurrence of morbid adhesion of placenta*, ii, 286  
*Red gum*, i, 425  
*Renal calculi*, i, 154; ii, Nos. 59, 61  
*Repercussion test of pregnancy*, i, 190  
*Repression of milk and lochia*, i, 406  
*Respiration, artificial, of infants*, i, 227  
*Resuscitation of stillborn children*, i, 227  
*Retention of dead ovum*, i, 169 (*note*); ii, Nos. 81, 85, 87  
 „ of urine after delivery, i, 160; 382 (*note*)  
 „ „ in labour, iii, Nos. 393, 465, 466, 467  
 „ of the menses, ii, Nos. 7, 8, 9  
 „ of placenta, i, 233, 237 (*note*); ii, Nos. 81, 210 *et seq.*; iii, No. 326  
 „ of detached head, i, 348, 349 (*note*); iii, Nos. 405 *et seq.*  
*Retraction of head in labour*, ii, Nos. 237 *et seq.*; p. 314 (*note*)  
*Retroversion of gravid uterus*, i, 147  
 „ „ „ a cause of vomiting, i, 139  
 „ „ „ ii, Nos. 50, 88  
 „ with abortion, ii, No. 88; p. 134 (*note*)  
 RHAZES on diseases of women, i, 49  
 RHODION, Eucharius, de partu hominis, i, 51 (*note*)  
 RICHTER, on perforation of placenta, iii, 62  
*Rigidity of os uteri causing tedious labour*, i, 218 (*note*), 220  
 „ „ ii, Nos. 142 *et seq.*, 236; iii, No. 387  
 „ of os externum in labour, ii, Nos. 235 *et seq.*  
 ROBERT on the transversely contracted pelvis, i, 89  
 ROBERTON, Mr., on use of forceps, i, 264  
 „ on complex presentation, i, 333

ROBERTON, Mr., on locking of head and body in version cases, i, 328  
 „ on choice of hand for turning, i, 320, 337  
 „ on pain of side in pregnancy, i, 151  
 „ on removal of detached head, i, 354  
 „ on cause of post-partum hæmorrhage, i, 389  
 „ on secondary hæmorrhage, i, 398  
 „ spear-pointed perforator, i, 76  
 ROCHEUS, Nicholas, on midwifery, i, 55  
 ROEDERER, John George, i, 15  
 Rotation of child's body in pelvic presentation, i, 306; iii, Nos. 307, 308, 309  
 Round ligaments of uterus, i, 304  
 RUEFF, James, on midwifery, i, 56, 59 (*note*)  
 „ his description of pudendal hæmatocoele, i, 60  
 RUFUS, Ephesus, on midwifery, i, 39  
 Ruptures, i, 155  
 „ of uterus and vagina, i, 374; iii, Nos. 441, 442, 443  
 RUYSCH, his case of labour with hymen present, ii, 16  
 „ on management of the placental stage, ii, 288

S.

Sacrum, the os, i, 79  
 „ fracture of, i, 89  
 Separation of pelvic joints, i, 80; ii, Nos. 1, 2  
 SALMON, Dr., on midwifery, i, 67  
 SAVIARD on midwifery, i, 67  
 SAXTORPH on oblique position of head, i, 85  
 Scalp tumours at birth, i, 424; iii, Nos. 493 *et seq.*  
 SCANZONI on superfecundation, i, 118  
 Scissors, the perforating, i, 22, 295  
 SCHROEDER on the prognosis of craniotomy, i, 301  
 „ on the position of woman in labour, i, 206  
 Scybala accumulated in rectum, i, 149  
 Secondary hæmorrhage, i, 398 (*note*); iii, No. 334  
*Seduced women, great mortality of, in child-bed*, i, 384  
 SERAPION on midwifery, i, 49  
*Sex of fœtus how diagnosed before delivery*, i, 192  
 Sheath to crotchet, i, 299



- SHEKLETON, Dr., *his practice with forceps*,  
i, 270  
" *case of dystocia from  
fibrous tumour of pelvis*,  
i, 301
- SHERATON's *steel fillet*, i, 255
- Shortness of frænum linguæ, i, 422; iii,  
No. 510 *et seq.*
- Shoulder of fœtus dislocated in delivery,  
iii, No. 371
- Shoulders, hitching of, on pubes, i, 273;  
ii, No. 240; p. 316 (*note*).  
" extraction of, by blunt hook,  
i, 225  
" *may rupture perineum*, i, 208  
" difficult to extract, ii, Nos. 197  
*et seq.*  
" presentation of, iii, Nos. 362,  
363, 376, 382  
" mistaken for head, iii, No.  
395
- SIMPSON, Dr. A., *on hypodermic use of  
ergot*, iii, 272  
" *on duration of preg-  
nancy*, i, 124
- SIMPSON, Sir J. Y., *on mortality after  
craniotomy*, i,  
301  
" " *on leg to be seized  
in turning*, i,  
337  
" Dr. Thos., ii, 404
- SINCLAIR, Professor, *on obliquely ovate  
pelvis*, i, 88  
*Sitting posture for delivery*, i, 203  
Sleep, importance of, in childbed, i, 380;  
iii, Nos. 459 *et seq.*
- Sleeping soon after delivery, iii, 257, 258  
(*note*)
- Sloughing of vagina after labour, i, 370;  
iii, Nos. 439, 446
- Smallpox during pregnancy, ii, Nos.  
170, 171
- SMITH, Dr. Heywood, *case of ruptured  
vagina*, i, 376
- SMITH, Dr. Tyler, *on causes of inversio  
uteri*, i, 398
- SMOLLETT, Dr. Tobias, *his connection  
with Smellie*,  
i, 10  
" " *case communi-  
cated by*, ii,  
No. 2
- SOLAYRES, *on obliquity of head in pelvis*,  
i, 85
- SPACHIUS, Israel, i, 55
- SPAETH, Dr., *on membranes in twin cases*,  
i, 357  
*Species Diambræ*, ii, 34  
Speculum matricis, i, 293
- SPENCER, Lord, *on duration of pregnancy  
in cows*, i, 125  
*Spontaneous evolution of fœtus*, i, 339  
" *expulsion of fœtus*, i, 340
- Spurious pains, i, 193  
*Stages of labour*, i, 207  
*Standing posture for delivery*, i, 203  
*Starch largely eaten in pregnancy*, case of,  
i, 178
- Steel forceps, ii, 359  
" *fillet*, i, 255  
*Stethoscopic signs of child's life or death*,  
i, 288
- Stillborn children, i, 227; ii, No. 203  
*Stimulant just after delivery*, i, 236  
Stool for delivery, i, 200, 203 (*note*)  
Stretching os externum, i, 224
- STROTHER, Dr., *on puerperal fever*, i, 406  
*Sub-involution of uterus after delivery*, i,  
402
- Super-conception, i, 118  
Super-fœtation, i, 117, 118 (*note*); ii,  
No. 26  
*Supine posture for delivery*, i, 204  
*Suspended animation of infants*, i, 227  
Suture for lacerated perineum, i, 208  
(*note*), 373  
*Symphysis pubis ruptured in delivery*, ii, 8
- Syncope during labour, ii, Nos. 150,  
152, 248, 261, 284
- Syphilis in pregnancy, ii, No. 70  
*Syringing vagina after delivery*, i, 405
- T.
- Tampon. See Plug  
*Tartar emetic in rigidity of os uteri*, i,  
220  
*Tearing of vaginal orifice in primiparæ*, i,  
208
- Tedious and lingering labours, i, 218;  
ii, Nos. 113 *et seq.*
- Teething, i, 429  
*Tensile strength of fœtal neck*, i, 245  
*Terebra occulta*, i, 75 (*note*), 293
- TESSIER, *on duration of pregnancy in  
domestic animals*, i, 125
- Theory of conception, i, 109  
*Theriaca Andromachi*, i, 409
- Thickness of gravid uterus, i, 101; ii,  
18, 151  
Thigh, fracture of, in delivery, iii, 138
- Third stage of labour, i, 226

- THOMAS, Dr. Gaillard, *case of extra uterine pregnancy*, i, 191  
 „ „ *case of lacerated vagina*, i, 376
- Thrombus. See Hæmatocele
- Thrush, i, 427; iii, Nos. 524 *et seq.*
- Tincture of time*, i, 221
- Tire-tete of Levret, i, 352  
 „ of Mauriceau, i, 64
- Tongue-tied at birth, i, 421; iii, Nos. 510 *et seq.*
- Touching, i, 184
- Toughness of the membranes, i, 213; ii, Nos. 113 *et seq.*
- Transfusion*, i, 397  
 „ *case of*, iii, 229
- TRASK, Dr., *on injections of iodine for flooding*, i, 397  
 „ *on ruptures of uterus and vagina*, i, 375
- Triplets, i, 358; iii, Nos. 418, 419
- Tube to mouth in head-last births*, i, 345
- Tumours of uterus, i, 128; ii, Nos. 35 *et seq.*  
 „ „ obstructing delivery,  
 ii, Nos. 67, 195  
 and pp. 107, 266  
 (note)
- Tumours on scalp at birth, i, 424; iii, Nos. 493 *et seq.*
- Turning, operation of, i, 319, 341; iii, Nos. 319, 321 *et seq.*  
 „ in deformed pelvis, i, 242 (note), 243 (note), 249, 280, 320  
 „ in funis presentations, i, 340, 341 (note)  
 „ in face presentations, i, 278  
 „ recommended for all labours, i, 75  
 „ in cases of convulsions, iii, 78 (note), Nos. 342, 343, 344, 345, 373
- Twins, i, 116, 354; ii, Nos. 223, 224; iii, Nos. 361, 388, 411, 412, 413, 414, 415, 416, 417, 420  
 „ *diagnosis of*, i, 355  
 „ *locking of, in labour*, i, 358; iii, Nos. 411, 414  
 „ *supposed sterility of*, i, 359  
 „ *frequency of, in Dublin Hospital*, i, 360  
 „ expelled at different periods of pregnancy, ii, Nos. 24, 25
- Tying funis, i, 229, 231 (note)
- U.
- Umbilicus presenting, iii, No. 359
- Umbilical cord. See Funis  
 „ hernia in pregnancy, ii, No. 64
- Undelivered, women dying, iii, Nos. 354, 387, 393, 430, 431, 432
- UNDERWOOD, Dr. M., *on artificial food of infants*, i, 439
- Unguentum album*, i, 426
- Urethra, i, 98  
 „ imperforate, i, 420; iii, No. 509
- Urine, *examination of, in pregnancy*, i, 153  
 „ retention of, after delivery, i, 160, 382 (note)  
 „ „ in labour, iii, Nos. 393, 465, 466, 467  
 „ incontinence of, in pregnancy, i, 158  
 „ „ after delivery, i, 371
- Urinary fistula, i, 371; iii, Nos. 438, 439
- Uterus, i, 99  
 „ contractions of, before shoulders,  
 i, 223; ii, Nos. 179 *et seq.*  
 „ gravid, i, 112  
 „ „ retroversion of, i, 147 (note); ii, Nos. 50, 88  
 „ inversion of, i, 385, 398 (note); iii, Nos. 488, 489  
 „ rupture of, i, 374; iii, Nos. 442, 443  
 „ „ and of vagina, differential diagnosis,  
 i, 376 (note).  
 „ prolapse of, i, 413; ii, No. 112, p. 169 (note)  
 „ hydatids of, i, 129; ii, Nos. 33, 34  
 „ obliquity of gravid, i, 75 (note), 304  
 „ *enlargement of, after delivery*, i, 402  
 „ *involution of*, i, 402  
 „ fibrous tumour of, i, 128  
 „ „ „ *with pregnancy*, i, 120
- V.
- Vagina, i, 98, 102  
 „ irritation of, in tedious labour,  
 ii, No. 181  
 „ laceration of, i, 371, 375 (note); iii, No. 441  
 „ prolapse of, i, 413  
 „ plugging, for hæmorrhage, i, 168 (note); ii, No. 79  
 „ sloughing of, after labour, i, 370; iii, Nos. 439, 446  
 „ sphincter of, i, 99  
 „ *Vaginal injections after delivery*, i, 405  
 „ *orifice, laceration of*, i, 209
- Varicose veins, i, 151

- Variola in pregnancy, cases of, ii, Nos. 83, 170, 171  
*Vascular excitement causing flooding*, i, 387  
*Vectis aerophorus, the*, i, 345  
*Vectis*, use of, ii, No. 247, p. 325 (*note*), 389  
 VELPEAU, *his opinion of Peu's midwifery*, i, 68  
 „ *on revival of labour chair*, i, 303  
 Venereal diseases in pregnancy, i, 161; ii, No. 70  
 Venesection in rigidity of os uteri, i, 220, 220 (*note*).  
 „ in uterine hæmorrhage, i, 167, 385  
 „ in threatened abortion, i, 167  
 „ in coughs of pregnant women, i, 177  
 „ in anasarca of pregnancy, i, 153  
 „ in puerperal inflammation, i, 409  
 „ at end of puerperal month, i, 416  
 Version. See Turning  
 „ *spontaneous, of fœtus*, i, 339  
 Vesico-vaginal fistula, i, 371; iii, Nos. 438, 439  
*Viability of fœtus*, i, 120  
 „ „ at seventh and eighth months, i, 122, 123 (*note*)  
 VICTOR TRINCAVILLIUS, i, 56  
*Vinegar, use of, in hæmorrhage*, i, 395  
*Violet dusting powder*, i, 426  
*Volume, the, of uterus after conception*, i, 112  
 „ „ *after delivery*, i, 402  
 Vomiting in pregnancy, i, 135; ii, Nos. 44, 45, 46, 57  
 „ *excessive, in pregnancy*, i, 136  
 „ „ „ *requiring induction of abortion*, i, 141  
 Vulva, i, 97  
 „ *hæmorrhage from, post partum*, i, 209
- W.
- Warm injections in hæmorrhage*, iii, 230  
 Waters, dribbling of the, in pregnancy, ii, 178, 179 (*note*)  
 WATTS, Dr. Giles, i, 11  
 Weakness, bodily, causing tedious labour, ii, Nos. 223, 224  
*Weid*, i, 411  
 WEIDMANN, *his air-tube for fœtus*, i, 345  
*Weight of fœtus at birth and on eighth day*, i, 114  
 WEST, Dr. Uvedale, *on fronto-cotyloid positions*, i, 218, 275  
 WESTMACOTT, Dr., *his loop for delivery*, i, 255  
 Wet nurses, i, 434  
*Whalebone fillet*, i, 255  
 WHITE, Dr. Charles, *on fœtid lochia*, i, 404  
 „ „ *on position of woman for delivery*, i, 206  
 „ „ *on mode of conducting delivery*, i, 236  
 WHITTLE, Dr., *on prevention of flooding*, i, 388  
*Will, the, of Smellie*, i, 6  
 WILSON, Dr. F. C., *on rate of fœtal pulse in males and females*, i, 192  
 WILTSHIRE, Dr., *his case of laceration of vagina*, i, 376  
 WISE, Dr., *on ligaturing extremities in hæmorrhage*, iii, 227  
 Woman's dress for delivery, i, 200  
 Wooden forceps, i, 22; ii, No. 269  
 „ *handles to forceps*, i, 258  
 Women dying after delivery, ii, Nos. 82, 83, 166, 208, 210, 219, 234, 253, 256, 277, 302; iii, Nos. 317, 328, 329, 333, 336, 341, 343, 354, 377, 384, 385, 389, 396, 400, 403, 434, 442, 443, 451, 454, 456, 458, 462, 471, 475, 480, 481, 486, 488, 489
- Y.
- YOUNG, Dr. Thomas, i, 12, 23  
 Youthfulness, extreme, of lying-in women, ii, No. 235, p. 309 (*note*)







25.A.115  
v.3



